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[Written for the MEDICAL BRIEF.]

Nitrous Oxide as an Anesthetic—Its Advantages and How to Use It.

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Anesthetist to St. Thomas's and the National Dental Hospitals, London, England.

The object of this article is to place before the readers of the MEDICAL BRIEF the great advantages of nitrous oxide as an anesthetic, and the various ways it can be used. When administered by itself, on account of the shortness of time that the anesthesia can be continued, the use of gas is, of course, restricted to dental and minor surgical operations. A great advance has been made, however, of late years, mainly through the ingenuity and exertions of Dr. Frederic Hewitt,* in bringing, I may say, almost to perfection, his apparatus for combining nitrous oxide with definite percentages of oxygen. By this method not only is the anesthesia more satisfactory, generally, but it can be continued at the will of the administrator for almost any length of time, enabling the surgeon to perform such major operations as abdominal section and amputation of the breast, whilst the patient is under their combined influence. The method, however, is seen at its best in operations taking not more than a quarter of an hour or twenty minutes to perform. The further merits of the mixture I will discuss later, when more fully describing the method.

Let us first consider, then, what are the advantages of nitrous oxide. When should it be chosen as an anesthetic in preference to either chloroform or ether? and when is its use contra-indicated?

1. *Its Safety.*—This is admitted by all. From published statistics spread over a period of many years, and also from one's own personal experience in both hospital and private work, I am convinced that there is no risk in the administration of nitrous oxide *per se*, if given properly. And where fatal results supervene, there is either some want of skill on the part of the administrator, or some

*See article on "Important Points in the Selection and Use of Anesthetics for Surgical Operations," by Frederic W. Hewitt, M. A., M. D., MEDICAL BRIEF, July, 1898.

disregard of those precautions which should be invariably taken before giving any anesthetic.

2. *Its Freedom from Unpleasant Taste or Smell.*—This is a factor greatly in its favor. But very few patients object to it. The only unpleasantness, as a rule, complained of is a sense of fullness, as if the blood vessels were unduly distended. By combining oxygen with the gas, this feeling is generally absent. As the anesthesia becomes deeper the patient passes into a dreamy condition, and often, on awaking, is surprised to find the operation completed. In one case, a short time ago, where I had administered gas and oxygen for several minutes, the patient, on coming round, expressed himself as having had the best sleep for many a long time.

3. *Absence of After-Effects.*—These are, as a rule, absent or very transient. In some cases of prolonged anesthesia with gas and oxygen, headache and certain amount of stupor may remain for some little time. In short operations, such as extraction of teeth, nausea or vomiting is rare. I have found where the administration has been kept up for many minutes that patients have vomited once, but the sickness has never continued—a symptom so common with ether and chloroform. In highly neurotic patients, symptoms of hysteria, with loud screaming, sometimes occurs before the patient comes fully round. This is more frequent among hospital patients than in private, one noisy patient seeming to upset the others that follow. Cases of transient mental aberration are at times met with, and I remember one or two who have assumed a distinctly pugilistic attitude. Care should be taken that the patient be gently, but firmly restrained from doing any harm to either himself or others. These effects are but rare, and are given only so as to put the administrator on his guard.

Accidents Connected with the Administration—Respiratory Failure.—This is due usually either to overdose or mechanical obstruction. In the former case, by at once withdrawing the anesthetic, and allowing plenty of fresh air, the breathing will recommence before any danger has been done to the cardiac center. In the latter case the obstruction may be from: (*a*) Falling back of the tongue and epiglottis. This can occur spontaneously in stout, florid persons, or from the operator unconsciously pressing on the tongue with his fingers. Should respiration fail, the symptoms are at once relieved by pushing the finger deeply in the mouth along the base of the tongue, as far back as possible, and hooking the parts upward and forward; by this means the glottis is open, and free passage is made for the entrance of air. Pulling the tongue forward with forceps frequently fails to give the necessary relief.

(*b*) From foreign bodies, such as pieces of broken teeth, forceps, etc., great care should be taken by the operator against such an accident, and the administrator should always be on his guard to give notice of anything being loose in the mouth, and to render prompt assistance, if necessary. If the foreign body has passed out of sight, the operation should be at once stopped, and careful search made so as to prevent the body passing the larynx. This is very likely to happen if it should be lying close to the glottis when the deep inspirations are taken which accompany returning consciousness. If, however, by mischance, entrance into the larynx has taken place, it may be expelled spontaneously by the coughing excited; if otherwise, and the dyspnea continue, the patient should bend forward with the head between the knees, and expulsion aided by slapping on the back. Failing relief from this, inversion should be resorted to. Finally, as a last resource, should asphyxiation be imminent, the larynx should be opened through the cricothyroid membrane. Interference to respiration by blood or vomited matter is best met with by bending the head forwards, allowing the obstructing fluid to flow away of its own accord.

Heart Failure.—This, in moderately healthy subjects, is in most cases a sequel to respiratory troubles, and should not occur if care be taken with the administration. In debilitated feeble patients, or those suffering from cardiac disease, the question will have arisen beforehand as to the advisability of giving an anesthetic, and every precau-

tion should have been taken. In these cases it is always best to combine air or oxygen with the gas. On the first signs of heart failure the usual restorative measures should be at once taken. Nitrite of amyl given on a handkerchief is of great value. Fresh air should be allowed, and hypodermic injections of ether hourly, strychnine or digitalis.

Disadvantages of Nitrous Oxide.—Apart from the time question there are certain kinds of operation in which gas is contra-indicated. In all operations where absolute freedom from movement is very essential, such as eye operations, it is better to substitute either ether or chloroform. Again, in operations about the rectum or bladder, complete relaxation of spasm is seldom obtained with nitrous oxide alone or with oxygen. Lastly, I think it is always better to add ether in cases of severe wrenching to joints, or troublesome dislocations where the after-pain is sure to be severe. A too rapid recovery to consciousness is very far from being desirable.

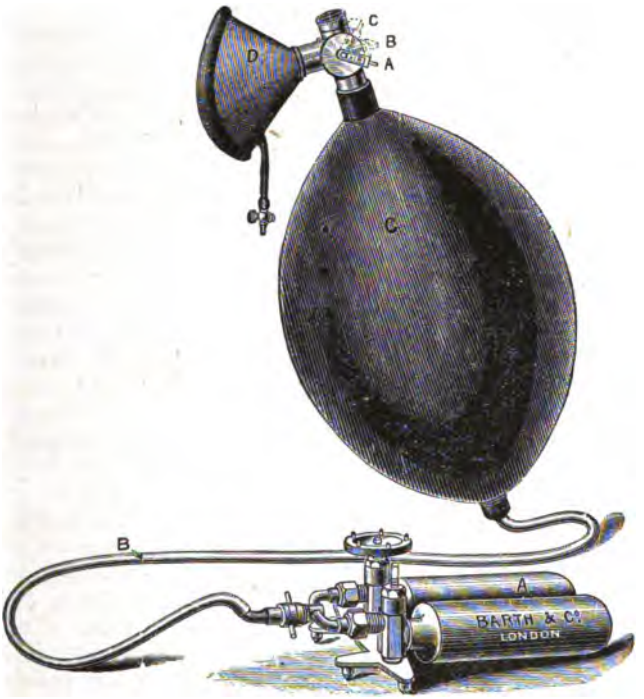
HOW TO GIVE NITROUS OXIDE.

In a paper of this length it is impossible to describe fully the various methods which have been adopted. The following is a brief account of what I consider the best mode of administration. Nitrous oxide can be given:

1. By itself.
2. In combination with air.
3. In combination with ether.
4. In combination with oxygen.

1. By itself. The accompanying diagram (kindly loaned by Messrs. Barth & Co., of London, Eng.) is that of the apparatus I always use.

(*A*) Are twin bottles containing each twenty-five or fifty gallons of nitrous oxide gas.



(*B*) A flexible tube from the bottles to the large India rubber bag *C*.

(*D*) Face-piece.

Between *C* and *D* is a three-way stopcock, which is the only part of the apparatus which requires further description. Here are situated the valves which permit of three different conditions. When the lever is at *A*, pointing to the word AIR, printed on the side of the stopcock, air passes directly in and out of the face-piece through the circular hole at the top. On moving the lever to *B*, corresponding to the word *valves*,

gas is inspired from the bag, the expressed air passing out through a valve alone. On moving the lever further on to *C*, corresponding to the words *non-valves*, to and fro breathing in and out of the bag takes place. This valve should not be employed in routine practice, but is useful supposing the supply of gas to run short. It is also of use when combining nitrous oxide and ether.

The Administration.—In the first place the operation and the administration should be always distinct whenever it is possible to be so.

Preliminary Details and Preparation of Patient.—These are extremely important, as most of the accidents have occurred through neglect of them.

Regulation of Diet.—This is not so necessary as in the case of ether or chloroform, as sickness is rare, but it should not be disregarded altogether. I usually advise that, if possible, no food should be taken for three or four hours before the operation. Long fasting is a mistake, especially with children.

Clothing.—All garments around the waist and neck should be loosened. Of this the administrator should satisfy himself, as it is often only half done. In women both the corset and dress band should be unfastened. The bowels should have been made to act. It is better that the bladder be empty. Involuntary micturition is rare, but does occur at times, much to the annoyance of both operator and patient.

Accessory Instruments.—The following should be at hand: Mouth props, gag (that known as Mason's is the best), tongue forceps, tracheotomy instruments, restoratives, amyl nitrite capsules, and hypodermic syringe with ether, strychnine and digitalis.

Before commencing look well at the patient, and note the general appearance. Examine the cavity of the mouth, and remove false teeth. This, especially, should always be done when the operation is not about the mouth. Special notice should be taken of any condition likely to cause obstruction to respiration, such as enlarged tonsils, or anything unusual about the throat. Through neglect of this, fatal results have supervened. In one published case I can call to mind gas followed by ether was given for what was diagnosed a case of enlarged glands of neck, but was really a retro-pharyngeal abscess. Death took place from asphyxia. Here, had the condition been known, chloroform would have been substituted.

Posture.—Nitrous oxide is, as a rule, taken better sitting up or reclining than lying down. The head should be nearly vertical, slightly inclined backward. In dental cases it is not infrequent to find the head thrown too far back. This causes undue tension on the neck. Having everything ready, fill the bag with gas, apply the face-piece, and see that it fits closely without being uncomfortable; avoid all disturbing influences and maintain absolute silence throughout the operation. The latter should be kept rigidly; patients, although apparently deeply under the anesthetic are wont to remember remarks made, and this may have a prejudicial effect. The hearing center with nitrous oxide seems to be one of the last to be paralyzed. Before actually giving the gas it is well to encourage the patient to breathe regularly and deeply. Now turn the lever to the non-valves. In a typical case the following points are to be noticed: The respiration is unaffected at first, but gradually becomes fuller and deeper. The pupils may or may not alter in size in the earlier stage, but dilatation from fright may occur as the anesthesia progresses. The face becomes somewhat dusky. Up to this point there is but little difference from ordinary sleep, but as full anesthesia begins the breathing becomes altered in character—of the well-known snoring type, and the face becomes deeply cyanosed. The respiration then becomes interfered with, its rhythm catchy and irregular. The eye-lids slowly open and the pupils become fully dilated. The conjunctival reflex disappears, but the corneal reflex is usually not completely abolished. Muscular movements of various kinds may present themselves, from single twitching to violent jactitation and spasms of an epileptiform character. Violent throwing back of the head and arching of the spine is not uncommon in children. It is at this stage that relaxation of sphincters may take place. The face-piece should be removed when above

signs manifest themselves, the most reliable test of deep anesthesia being the wide dilatation of pupil, with loss of lid and conjunctival reflex.

Recovery takes place gradually, the normal breathing recommences, the healthy color returns and consciousness shows itself by voluntary movements or signs of pain. The usual time available for operative measures is about thirty seconds.

2. *Nitrous Oxide with Air.*—In anemic and debilitated patients, when oxygen can not be obtained the anesthesia can be improved by admitting air, either by momentarily raising the face-piece or by moving the lever back to its original position. This is best done towards the termination of the administration, one breath of air being allowed to every three or four of gas. In this way the cyanosis is thus relieved and the time available in dental operations somewhat extended.

By carefully regulating the amount of gas and air anesthesia may be prolonged for several minutes, but the method is not nearly so satisfactory as combining oxygen with the gas.

3. *Nitrous Oxide with Ether.*—The use of nitrous oxide as a preliminary to ether is, I think, in general surgery, of great value. On account of the extremely disagreeable and suffocating properties of ether, anesthesia, in my opinion, should always be induced by nitrous oxide, and then, as consciousness becomes dulled, the ether should be added. When the anesthesia is complete the gas is removed and the ether given alone. By this means there is complete absence of struggling, and loss of consciousness supervenes in a few moments. The apparatus required is a combination of Clover's ether inhaler and that just described. There are a few details which are worth notice: The three-way stopcock, with gas and bag attached, as in ordinary administration of nitrous oxide, is fitted into the top of the Clover's inhaler in place of the small bag usually there. The administration is begun as before by turning the valve lever, the indicator of the ether inhaler being placed at zero. After about a half a dozen breaths of pure nitrous oxide have been inspired the ether index should be slowly rotated, the rapidity being regulated by the patient's breathing. Catchy, swallowing movements, and struggling, indicate the ether is being too rapidly admitted.

As the anesthesia progresses I always use the supplementary gas valve and allow to and fro breathing of the mixture of nitrous oxide and ether. Directly the patient's pupil shows loss of reflex the gas bag should be removed, the small ether bag be replaced, and the anesthesia from this point maintained by ether alone.

The only difficulty in this method is to know how to regulate the proportions of the nitrous oxide and the ether. If too little ether has been used, and the anesthesia has been produced mainly by gas, on changing the bag the patient will recover and begin to struggle before the ether can take effect; and thus the benefit which ought to have occurred from using gas has been nullified. On the other hand, if the gas anesthesia is pushed too far, troubles with respiration are likely to supervene, rendering it necessary to remove the face-piece and allow partial recovery. This nicety can only be obtained by experience. I, myself, always remove the gas, directly the eye reflex fails, or on the earliest signs of jactitation.

4. *Nitrous Oxide with Oxygen.*—This is the ideal way of administering nitrous oxide, and whether it be for an operation of a few seconds' duration only, or for one of much longer time, the anesthesia that can be obtained in expert hands far surpasses that of nitrous oxide alone or mixed with air. The drawbacks to its employment are: Firstly, a rather costly, complicated apparatus is necessary; and secondly, that to always obtain uniform and successful anesthesia requires an experience and attendance to minute details, which are not always at the command of the practitioner.

The apparatus, as recommended by Dr. Hewitt, and the method of its use, is, briefly, as follows:

In the accompanying diagram (also kindly loaned by Messrs. Barth & Co.), the apparatus is seen complete. There are three cylinders instead of two. One

contains oxygen. These are connected by a double tube—one tube runs inside the other, leaving a space around. The two gases are thus conveyed separately to the twin bags, whose cavities are also quite separate, thence on to the mixing chamber, which is between the bags and the face-piece and takes the place of the three-way stopcock described in the earlier part of the paper. The oxygen is admitted to the mixing chamber through a series of pin-holes—there are ten in the instrument. By means of the lever seen in the diagram any number of these can be brought into use. At the side, not shown in the picture, is a round knob, on turning which, ten, twenty or thirty times as much oxygen can be admitted.

Before commencing fill both bags a little more than half full, the lever pointing to the room air. See that the face-piece completely shuts off any extraneous air. This is a point of material importance, for if a leak from the outside be present the proportion of oxygen to nitrous oxide can not be regulated. Now turn the lever to the point marked N_2O; allow several breaths of pure nitrous oxide and then slowly, with intervals of one or two breaths, rotate the lever along the numerals. No fixed rule for this admission of oxygen can be given. Not only do the instruments vary somewhat, but patients differ individually. Experience is the only true guide. The points to be noticed are: Cyanosis and stertor require more oxygen. Phonation and a tendency to excitement require it to be reduced. In an ordinary dental case good anesthesia will be obtained, as a rule, with seven or eight pin-holes of oxygen. In prolonged operations much more oxy-

gen often has to be admitted by means of the supplementary knob. The main differences between the anesthesia of this method and that of gas alone are:

The anesthesia is quieter. There should be no cyanosis or stertorous breathing. Jactitation and twitching are usually absent, or very slight. The patient appears to an ordinary observer to be in a quiet sleep. The depth of anesthesia must be gauged by the loss of eye reflex. The length of time available for dental operations is increased for ten to fifteen seconds. The return to consciousness is more gradual and less liable to be disturbed by mental excitement.

In conclusion, I would advise all those who have the opportunity to study carefully this mode of administration, as I am sure they will be well repaid for the trouble expended.

[Written for the MEDICAL BRIEF.]

State Recognition of the Supremacy of National Law and Legal Courtesy to Physicians of Other States.

BY R. C. BAYLY, A. M., M. D.,
Decatur, Ill.

I have nothing to say against State legislation for regulating the practice of medicine, provided that proper regard to the supremacy of national law, and due courtesy to the rights and privileges of physicians of other States be maintained. But I am opposed to quite all State law in any way touching the medical profession that does not recognize the rights of doctors in all the States of the Union under the Constitution.

The Act Regulating the Practice (approved April 24, 1899, by the Illinois Legislature), is not as objectionable as Acts of some of the States, but it does not regard the rights and privileges of physicians in other States as constitutional law absolutely demands. Much real loss and disturbance to doctors have already grown out of the present legal status—I mean State legal status—of the profession on this account. I am, however, frank to say that the present Act, as it now stands upon our statute book, is far better than any before made; but it is not right and legal from the following considerations:

1. It is formulated, and assumes that a State is an independent republic.

2. It does not respect the rights and privileges of doctors coming to reside in Illinois, but treats them, not as professionals in possession of a legal franchise, which every State in the United States must respect and honor, but simply as men who are about to assume the rights, duties and responsibilities of the medical profession. A student coming into the profession, and one in whom the vested right to practice, as a physician, may, in some sort of way, come within the legitimate meaning of the Act; but a full-fledged doctor, residing in any State of the Federal Union, coming into Illinois to reside and to practice his regular calling, has an inalienable right to practice, regardless of the late Act of Illinois, whenever he shall have registered in the county where he keeps his office. It discriminates without a reason. It asserts that physicians who are graduates of Illinois colleges only, may assume the right to practice in Illinois; that there is no other State having such right in Illinois. But the Constitution of the United States declares that the citizens in any and every State shall be entitled to equal rights and privileges, it makes no difference what the decisions of the courts or the acts of the State legislatures may be.

I propose to continue this discussion in short articles, if permitted to do so, in the MEDICAL BRIEF.

Baked Banana Salad.

A variety of salads can be prepared from this very common fruit. Peel the banana, roll lightly in sugar, and place in a granite or porcelain pan, and bake in a moderate oven for twenty minutes. Dress with a sour fruit-juice thickened to the consistency of cream by adding a little corn-starch.

A lemon sauce—one cup of water, one tablespoonful of corn-starch, and the juice of one-half large lemon sweetened to taste—makes an excellent dressing.

Cut the baked banana in slices, and place in the center of the dish upon which a leaf of lettuce has been laid, and dress with the sauce.

[Written for the MEDICAL BRIEF.]

Non-Operative Treatment of Bubo.

BY CHAS. D. CAMP, M. D.,
Chicago, Ill.

In November BRIEF I notice an article on "Treatment of Buboes," credited to the *Journal American Medical Association*, stating that the author had by means of poultices and applications been able to avoid removing glands for four years. In an experience of over twenty years, during which time I have given much attention to venereal diseases, I have never removed a gland, or used a knife at all, unless the patient called in advanced stages of the disease and suppuration was present. My plan is very simple and very successful. It is to inject into the center of the gland about half a drop of ninety-five per cent carbolic acid with a hypodermic needle. The syringe should have a set nut on the piston, which should be set up to the contents of syringe, so the acid appears at point of needle before the needle is inserted. After inserting the needle give the nut a turn half way round, then press the piston so the nut is against the barrel of instrument, and you will have enough. This may be repeated in three to six days if the gland has not improved. It is very rarely necessary to repeat or give any other treatment whatever. I have used this plan exclusively for buboes, also for orchitis, with uniform success.

Last winter, while with the army, I was assigned to the venereal ward in Military Hospital in Porto Rico, where I found eight patients with glands cut out, one of which had an immense sloughing wound, with weak heart and threatened collapse. With a liberal use of Bovinine and stimulating tonics, he was saved with difficulty.

I attended the sick call for six hundred men and had from two to three cases each week for three months, of buboes, which I treated in the above manner, and during that time not only did not use the knife but did not send a single case to hospital or even to quarters. So that without any hardship to the soldier every case was kept on duty. Cases of orchitis were sent to hospital and were also treated with the same injection, and usually returned to duty in five days.

This same treatment I have used in many cases of adenoid tumors, some of the largest size, in which I repeat the injection once a week until tumor is gone; having in one case reduced one as large as the patient's head with seven treatments. This was ten years ago, and the young man had nine tumors about the neck and head, varying in size from a walnut to his head. This man, a barber, resumed work after second treatment and kept at it ever since without any return of the tumors or any other sickness. The dilute carbolic acid will not do. If you will use the small dose, but full strength, it will not disappoint you. I have had no indication of injury to the testes when used for orchitis. One man who was treated this way for both testicles, fifteen years ago, for syphilitic orchitis, who is completely recovered from the syphilis, has full sexual power and says he thinks he has more sexual vigor than before. However, I do not advocate it as a means of improving that function.

I have had some experience in treating non-venereal bubo in this manner, but not enough to make a basis for positive results in an epidemic. Invariable success has followed its use, and I feel that it should be freely tried in the bubonic plague, and I should expect to get success. I should be glad to know if any of the readers have known of this treatment for the plague.

[Written for the MEDICAL BRIEF.]

Urticaria.

BY JOSE F. PACHECO, M. D.,
Surgeon of the Blood Hospital,
Piedragorda, Gto., Mexico.

I have seen in the November number of the BRIEF (page 1692), that urticaria is a skin affection of nervous origin.

I have, every day, patients with urticaria, and all the cases are originated by the emanations of the repressed waters. What do you think about it?

If the urticaria is intermittent I treat it with quinine; if it is chronic I give to the patients quinine; and cure them all.

The urticaria and all the paludic diseases are endemic in this place.

[Written for the MEDICAL BRIEF.]

The Best Position in Labor.

BY W. E. FOTHERGILL, M. A., B. SC., M. D., Assistant Physician to the Clinical Hospital for Women and Children; Director of the Clinical Laboratory, Royal Infirmary, Manchester, England.

Amongst different peoples and in various ages, labor has been conducted in numerous positions. In his classical work, Plass mentions eight postures assumed during labor amongst certain races; namely: lying down, leaning back, sitting, squatting, standing, kneeling, hanging, and lastly, swinging.

Amongst civilized people, a woman generally lies down soon after "the breaking of the waters," and remains prone during the rest of her labor; still, sitting, squatting and kneeling during parturition are by no means uncommon, and each possesses considerable interest. Our museums, for instance, contain numerous examples of the stools, chairs and other contrivances which were constructed by our forefathers for the use of women in labor. Perhaps the best known is the chair of Deventer. At one time every self-respecting woman in Holland used to obtain one of these chairs as part of her marriage outfit. At one period in the history of our profession the sole qualification needed for the practice of midwifery was the possession of a portable obstetric seat, which the midwife used to carry with her to the house of the patient in place of the obstetric bag of the modern accoucheur. At the present time a curious seat is still used by the lower classes in some parts of Spain. It is on sale in the pot shops, being constructed of glazed earthenware. In shape and size it is like a large pail; but it has a broad, flat rim, on which the patient may sit with comfort. A hole about six inches in diameter is cut out of the edge, through which the attendant can examine the parts and conduct the child, while the waters, blood and afterbirth are caught in the bottom of the pan. Squatting is the favorite posture amongst uncivilized peoples, but apart from lying, kneeling is doubtless the commonest position at the present day. Kneeling on the floor, resting the elbows on the seat of a chair, is a very popular attitude amongst the lower classes in many parts of England. Indeed, I have met with several patients in hospital practice who refused to be delivered in any other way. It certainly has the advantage of allowing the woman, after labor is over, to get into an unsoiled bed. Sitting, squatting and kneeling during labor are, however, exercises for which most modern women are not sufficiently robust; and lying, in one attitude or another, is the only position which demands practical consideration.

Before we discuss the various attitudes in which it is possible to lie, let us think for a moment of the physiology of labor, and thus determine what are the aims we must try to secure in choosing a posture. It is the second stage of labor that we must consider. For in the first stage, during which dilatation of the mouth of the womb is secured, the uterus acts alone, unaided by voluntary efforts at expulsion, and while this first stage lasts the patient should walk about, and should not attempt to remain in any one posture. When, however, the child's head (or breech) begins its journey through the cavity of the bony pelvis and the soft parts below, the patient, by an effort of her own, will bring into play the accessory muscles during each pain. The act is exactly the same as defecation, for the diaphragm is fixed by holding the breath, the feet may press firmly against some object, and the hands perhaps grasp some support, the limbs thus fixing the body. The abdominal muscles are then made to contract, and raising the intra-abdominal pressure, and the uterus or the rectum, as the case may be, in expelling its contents. Now, squatting is the natural attitude of defecation and of parturition alike. The weight of the body in this case is on the feet. Practically speaking, kneeling differs from squatting only in that the weight of the body is on the knees and elbows. Sitting is squatting, with the lower part of the body supported as well as the feet. In squatting, sitting and kneeling the whole body is in a flexed position, and this is evidently the attitude in which

unaided parturition proceeds to the greatest advantage. But these three methods are all fatiguing to the patient, and very inconvenient for an attendant. If, however, the parturient woman lies down and preserves the flexed position natural to parturition, she will lie on her side, the knees drawn up. Thus, the ordinary lateral posture has numerous advantages; it preserves the flexed attitude and makes it unnecessary for the patient to support her weight or balance her body, and at the same time it gives the attendant free access to the birth canal. The left side has been chosen to allow the attendant to employ the right hand. Thus the ordinary "left lateral" or "obstetric" position has been gradually arrived at by experience, presenting the advantages without the disadvantages of earlier customs.

As the art and science of midwifery advanced, however, more and more interference with the natural process of labor became customary, and a further change of position was made with a view to rendering obstetric operations more easy and more successful. In fact, the lithotomy posture was borrowed from surgery, and used in obstetric work. It is clear, that by turning the patient on her back, and supporting her legs, the flexed position most favorable to expulsive efforts is preserved; while, by arranging her so that the buttocks lie at the edge of the bed or table, the birth-canal becomes still more easily accessible to the accoucheur than in the left lateral position. The lithotomy posture causes more exposure, and is not so comfortable as the lateral. These disadvantages are, however, discounted because, when the dorsal position is needed, the patient is usually under the influence of an anesthetic. Another disadvantage is that it is necessary to have the legs supported, either by assistants or by some mechanical device. The advantages of the position are such that it has been very widely adopted on the continent of Europe and in America. In England, however, the dorsal position has never become popular.

We must now consider certain features of the structure of the pelvis which have been known for many long years, but which have only recently been taken into account in practical obstetrics. The bony pelvis may be considered as made up of two parts—one the sacrum, the other the united innominate bones. These two portions are joined to one another at two points, namely, the two sacro-iliac joints. Now, at these joints a certain amount of movement is possible, more in some persons than in others, and in women more at the end of pregnancy than at other times. Suppose for a moment that we take a pelvis and cut right through the structures connecting the sacrum with the iliac, bore a hole passing right through the

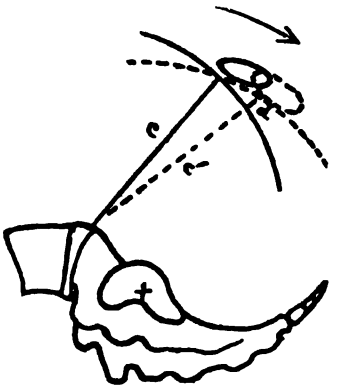


FIG. 1. Diagram to show movements at the sacro-iliac joints. The dotted circle is drawn about x, the point about which rotation occurs. The plain circle is drawn about the promonotory. C=The conjugate of the brim in the lithotomy posture (Fig. 2, A.). C'=The conjugate of the brim with the legs hanging (Fig. 2, B). D=The increase in the conjugate when the legs hang down. (From the author's Manual of Midwifery, Macmillan, New York 1893.)

centers of both sacro-iliac joints, and through this hole pass a stiff wire, so as to again hold the sacrum in its position between the two iliac bones. The wire now forms an axis on which, the sacrum being fixed, the anterior portion of the pelvis will rotate upward and downward to a slight extent. This shows in an exaggerated manner what occurs in the pelvis of the living woman. Next notice that the axis running through the sacro-iliac joints lies in a way between the promontory of the sacrum and the tip or lower end of that bone, but is nearer the promontory than the tip. Fix the sacrum and rotate the front of the

pelvis up—the pubic symphysis moves nearer to the promontory than before, at the same time moving away from the tip of the sacrum. Rotate the pubes downward and the symphysis moves away from the promontory and nearer to the tip of the sacrum. The diagram shows clearly the state of affairs as regards the distance of the promontory from the pubes.

can be produced by altering the position of the patient. Place the patient on her back, and bend the hips and knees and raise the knees as near the shoulders as possible, the thighs pressing against the abdomen. The pubic symphysis is thus raised and approximated to the promontory. The conjugate of the brim is thus lessened, and the conjugate of the pelvic outlet is increased.

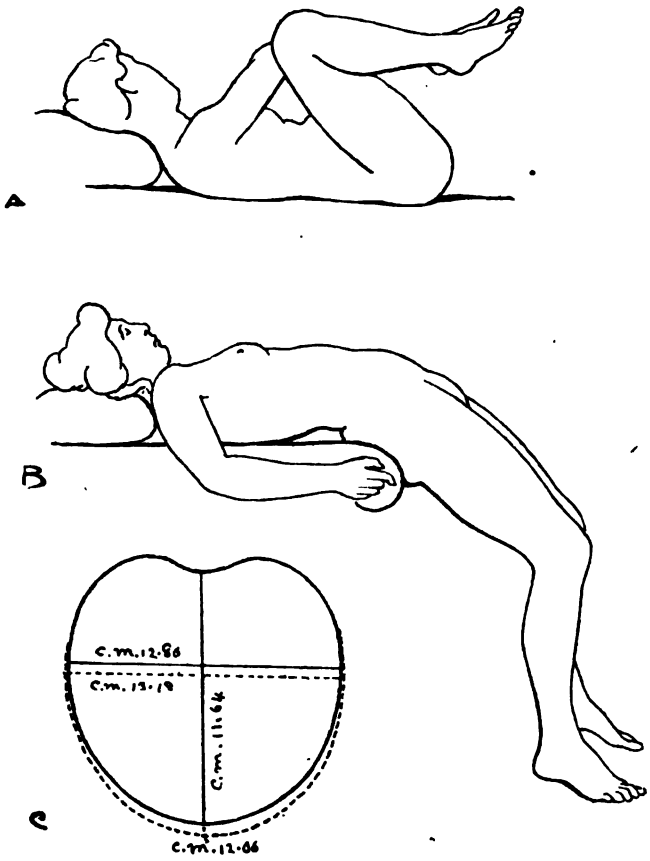


FIG. 2. *A and B* show the positions corresponding to the plain and the dotted lines in Fig. 1 (after Dickinson). *C*. The brim in *A*—plain line, in *B* dotted line (after Pinzani's measurements).

In order not to confuse the diagram with too many lines the relations of the tip of the sacrum to the pubic symphysis are not marked, but it is clear that when the conjugate at the brim is increased the conjugate of the outlet is lessened and *vice versa*. All this was known long ago and was described by Matthews Duncan as the "nutation" of the sacrum. In 1889 Walcher pointed out that these movements of the pelvis

On the other hand, let the legs hang freely down, the feet not touching the floor, or any support, and the pelvis is rotated downward, the pubes moving away from the promontory.

Thus the back-to-front measurements of the pelvis at the brim and at the outlet can be altered at will by changing the position of the patient. When she is lying on her back, the knees as near the shoulders as possible,

the conjugate of the brim is one-fourth or one-third of an inch shorter than it is when the legs are hanging down. The variations in the conjugate of the outlet (pubes to tip of sacrum) is almost twice as great, because the tip of the sacrum is much farther away from the sacro-iliac joints than is the promontory. Further, it is found that, owing to the wedge-shape of the sacrum when the knees are at the shoulders, the ischial tuberosities are farther apart than when the body is not flexed. Thus the attitude of flexion increases not only the conjugate of the pelvic outlet, but also its transverse diameter.

Have these facts any bearing upon posture in labor? Now, in an ordinary case, when the second stage of labor has begun, the head has already passed the brim of the pelvis and entered its cavity. So far as the bony pelvis is concerned, the head has only to escape through the pelvic outlet. As the attitude of flexion increases both diameters of the pelvic outlet, it is thus the proper position during the escape of the head from the bony pelvis. Recent measurements thus confirm the experience of womankind in dictating a flexed position toward the end of labor. Whether the lateral or the dorsal posture be chosen depends on circumstances and on taste. For operative work the dorsal or lithotomy posture is much the more convenient. For example, a patient is lying on her side, the head will not pass through the outlet of the bony pelvis. The accoucheur makes measurements with his fingers, and finds that the pelvic outlet is small. The ischial tuberosities are too near together, and the tip of the sacrum is too near to the pubic symphysis. Certain deformed pelves, of course, present these peculiarities. If the disproportion between the head and the pelvic outlet be not great a living child can be delivered as follows: Place the patient on her back, and apply the forceps, then get the assistant to press the knees as strongly as possible towards the shoulders. Traction in this position will often succeed when it has failed in ordinary obstetric posture. In delivering an aftercoming head through a small pelvic outlet, the flexed posture is of equal assistance.

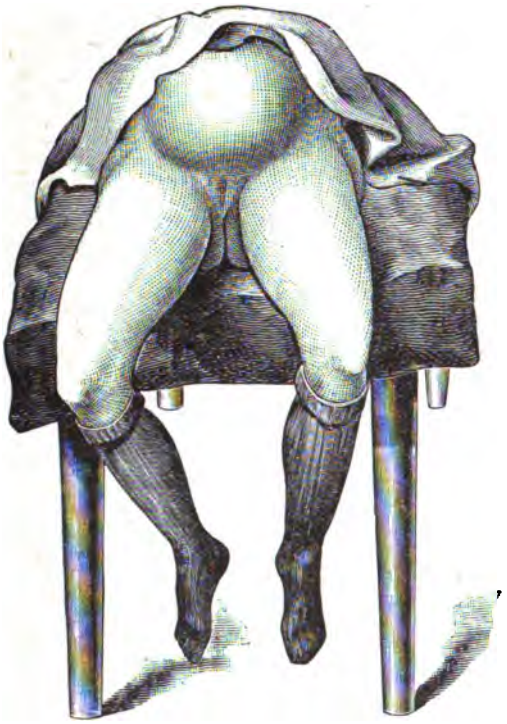


FIG. 3. Walcher's obstetric position. This is the same as Fig. 2, B, with the exception that the patient's hips are here raised by pillows. (From the author's Manual of Midwifery.)

In another class of cases, however, the difficulty is an entirely different one, and the head will not enter the pelvis, being too large to pass through the pelvic brim. Whether the head be too large or the brim be too small does not matter; the point is, that if we can enlarge the small diameter of the brim, namely, the conjugate, we shall pull the head through it the more easily. In a case then, when the head is arrested at the brim, we should put the patient on her back, place the buttocks on the edge of the bed, and apply the forceps. Now let the legs hang down freely (the feet not touching the floor), and their weight rotates the pelvis downward, and lengthens the conjugate as explained above. We now find that the birth canal points downward, and that to pull in the right direction the accoucheur must sit on the floor. To obviate this disadvantage, the patient's pelvis must be raised by packing pillows and cush-

ions under her hips, so that she lies on an inclined plane, with her head low and buttocks high.* The accoucheur can then go on with his traction, and will pull the head through the brim more easily than in any other position. The after-coming head can also be drawn through the brim easily by the same maneuvre.

The use of these postures is, of course, confined to cases of slight and moderate disproportion between the head and the pelvis. In extreme pelvic deformity, the head must be reduced or the pelvis enlarged by surgical means. Still, in many cases which would otherwise end in craniotomy or symphysiotomy, a living child can be delivered by the judicious use of posturing.

While the conjugate of the brim can be enlarged by extension at the hips, and while both diameters of the pelvic outlet can be increased by flexion of the legs on the body, there is another obstacle to delivery which can, to some degree, be affected by posture. I refer to the soft structures surrounding the vaginal orifice. Observation when the patient is in the lithotomy posture will show that the skin is stretched over the buttocks, that the perineum is stretched, and, indeed, that the margin of the vaginal opening is in a state of tension. When the legs are extended, skin is set free from the buttocks, and the parts become more relaxed. When there is any risk of tearing the perineum, it is, therefore, a good plan to extend the legs while the head is being born. In a case, for instance, where there is a large child, the accoucheur will deliver with least damage to the mother, and with least trouble to himself, by posturing as follows: Lay the patient across the bed on her back, the buttocks at the edge of the bed, and raise the hips to a convenient height with pillows. Apply the forceps, and if the head is above the brim let the legs hang freely down (Walcher's posture) until the head has been pulled through the brim. When this is done remove the pillows from under the hips, raise the legs, and get the assistant to press the knees up towards the shoulders (exaggerating the lithotomy posture), and maintain this position until the head has been pulled out of the bony pelvis past the tip of the sacrum. The coccyx is of no importance unless it happens to be fixed by undue ossification to the sacrum. The head is now out of the bony pelvis, and lying in the soft lower part of the birth canal. To avoid unnecessary tearing of the perineum, let the legs now hang down again, whilst delivery is completed by pulling the head through the vaginal orifice. The above, of course, refers to forceps delivery of a head-first case. The same series of postures, namely, legs down, legs up, and legs down again, should be used in delivering a breech case when the head is arrested at the brim. In cases where but little difficulty is met with, flexion and extension of the body may be used with the patient lying on her side, and where there is no need to use instruments the lateral is, as a rule, the most convenient posture.

It is clear that there is no simple answer to the question, What is the best position in labor? Everything depends upon the circumstances of the case. We have discussed the positions most useful in the majority of cases during the second stage, but it may be well to consider briefly a few other uses of posturing in obstetric practice.

Every practitioner occasionally sees cases in which the uterus hangs unduly forward, "pendulous belly," is the term by which they are known. In these cases the patient should be made to lie on her back during the first stage as well as during the second stage of labor. In this position, the uterus falls back into position, the long axis of the child and the uterus becoming more nearly parallel with the mother's spine, and the head thus enters the pelvis much more readily than otherwise. In prolapse of the cord it is often impossible to replace the prolapsed portion and keep it up without the use of posture. The object is to get the patient's pelvis higher than the rest of the body, so that gravitation may draw the viscera downward, and away from the pelvis. This can be managed in two ways: First, the patient may be placed on her back, the hips

*Dickinson recommends a chair for this purpose placed so that the top of the back and the front of the seat rests on the bed.—*American Journal of Obstetrics*, December, 1898.

being raised by pillows until they are ten or twelve inches above the level of the bed or table. This method is the best if the position has to be maintained for some time, and if an anesthetic is used. Second, the "genu-pectoral" posture may be adopted, and it is the most satisfactory, if only needed for a short time. The patient kneels on the bed, and keeping the thighs perpendicular, rests her head and chest on the bed, keeping them as low as possible. These positions are useful in various other conditions. For instance, it is sometimes difficult to pass the catheter because the urethra is compressed between the pubes and the head of the child.

In the genu-pectoral posture, the head is drawn back a little by the weight of the child, and the catheter, as a rule, can easily be pushed past it. Or a small pelvic tumor may obstruct the descent of the head through the brim. The genu-pectoral posture is the best in which to push the tumor above the brim out of the pelvis into the abdomen, so as to leave the pelvis clear for the passage of the child.

This position is also invaluable for reposition of the retroverted and impacted gravid uterus, and for various gynecological manipulations. Finally, the more important conclusions we have arrived at may be summarized as follows:

1. For labor presenting no difficulty, left lateral posture.
2. Head arrested at the brim, Walcher's posture (legs hanging down).
3. Head arrested at outlet of bony pelvis, lithotomy posture (legs pressed against abdomen.)
4. Head arrested on perineum, legs extended at hips.

Worth Knowing.

An English physician calls attention to the fact that people who sit on the floor—Turks and tailors—do not suffer from many ailments which afflict the rest of humanity. Persons who sit on the floor have strong back and thigh muscles. The exercise of getting up from and down to the floor is beneficial.—*Omega.*

[Written for the MEDICAL BRIEF.]

Syphilis—Its Progress and Treatment.

BY THE LATE JOSÉ DE LA CABALLERO, M. D.,
Cardenas, Cuba.

My long experience in syphilo-therapy determines the truth that syphilis, with its sequelæ, is most to be dreaded of the entire *rôle* of acquired diseases. Its pathological manifestations are so numerous, and often so insidious as to make it absolutely essential for a person who has ever contracted the disease to continue themselves under the scrutiny and treatment of a careful, closely observant, energetic physician for at least half a score of years after all symptoms have disappeared.

The greatest danger to the syphilitic lies in a satisfactory belief that a permanent cure has been wrought, and therefore the resumption or assumption, as the case may be, of an irrespective life.

A few of the more grave lesions of tertiary syphilis are here enumerated. They always depend for their supervention upon two, or one of two causes, viz., inefficiency of early treatment or lack of self-imposed abnegations on the part of the patient, and they usually appear years after a cure is supposed to have been effected, and in many instances tax the system more than it is able to bear, and hence, decay and death is the finalé. Among these are gummatous myocarditis and peri-arteritis (softening of heart and arteries). Gumma cerebra, or softening of the brain. Locomotor ataxia, or wasting of the nerve fibres of the posterior columns of [the dorsal and lumbar portion of the spinal cord. Gummata of the larynx, lungs, kidneys, osteo-caries, etc. In short, there is no organ or tissue of the body but what is liable to be broken down and killed by either the unchecked or the recurrent ravages of the disease. On the other hand, my experience convinces me that it is one of the most curable and easily eradicated of the infectious disorders. But unless the physician has the honest, intelligent, rigid, stern, determined co-operation of the patient, a permanent cure is impossible. Of all the drawbacks in the cure of syphilis, a serum or blood alcoholized, even to an attenuation

scarcely perceptible, is the most potent. A record of one thousand one hundred and fifty-six cases, running through a period of twenty-four years, shows that syphilitic bacilli cannot be neutralized or killed in serum often subjected to alcoholic stimulation. The ingestion of as small a quantity as one ounce of rum once every three weeks will neutralize the most potent remedies for syphilitic cure.

A young Spanish nobleman, assigned to duty on the Island in 1880, contracted syphilis in 1881. He was proud and aspirant, and willingly took upon himself all necessary austerities. In the spring of 1884 he was considered cured, and treatment suspended. He married the same year, and became the father of four children, none showing any malheredity, and the mother continuing in good health. In 1895 he was promoted to a Generalcy, and custom placed upon him the use of wines, and frequently the use of strong drinks.

By the fall of 1896 he was using strong drinks daily, when osteo-caries set in, and a year later he died of necrosis of the frontal bones, the brain becoming visible before death. I mention this one case among many, to say that mercury is, above all, the main and only real reliance for the destruction of syphilitic bacilli, and the effect of mercury is neutralized by alcoholic stimulation. Even in ordinary bilious attacks mercury does not have the effect upon an inebriate that it does upon the abstemious.

All physicians should impress their syphilitic patients that alcoholic stimulation, whether from wines, beers, brandies or whiskies, *must* be avoided with a similar caution and determination with which they would avoid the fangs of a poisonous serpent. One is no more destructive than the other. And not only avoid during the two or three years of curative treatment, but for the remainder of life, lest a fatal return of the disorder.

Treatment.—After using, to my full satisfaction, all the principal remedies that have been recommended by the most eminent syphilo-therapists, I have found one only to be unfailing, viz., Protoiodide of mercury. To suit the various individual peculiarities of patients, it should be respectively combined with lithium, pepsin, guaiac, cuprum, aurum, fluo-silicate of sodium, cinchona alkaloids, etc. Thus combined and continued, with appropriate intervals, during which iodide potass. and saxifragra should be given to eliminate latent mercury, for not less than three years, coupled with good food, fresh air, comfortable surroundings, frequent bathing, care against dampness, and the patient fully in line on all other necessary abnegations, a full, complete and lasting cure is not only possible, but absolutely certain. The better caste of people who are abstemious and correct in the daily details of life remain well, and their posterity shows no mal-heredity. The lower caste, usually dissolute and void of ambition, furnish the horrible spectacles of syphilitic lesion.

[A preparation known as Iodia, by Battle & Co., combined with protoiodide of mercury, is known as one of the best treatments.—ED.]

[Written for the MEDICAL BRIEF.]

Typho-Malarial Fever.

BY WM. F. KIER, M. D.,
St. Louis.

The views expressed by Dr. Brunton, in his article on "Typho-Malarial Fever," are substantially correct. With a little guaiacol carbonate and mercury one can break, successfully, typhoid conditions. Where we have the malarial plasmodia to deal with, in connection with typhoid infection, quinine is the remedy, in combination with the intestinal antiseptics; this, with flushes of the large bowel once in twenty-four hours, is the ideal treatment. High temperature to be looked after by spongings, repeated as often as necessary, and an occasional dose of Ap[illegible]nia, when indicated.

Sanmetto in Urethritis.

Having had an opportunity of testing the virtues of Sanmetto in a case of chronic urethritis, I applied the remedy with prompt and full success.

Chicago, Ill. D. B. FONDA, M. D.,
Grand Med. Examiner, Grand Lodge of Illinois, I. O. M. A.

[Written for the MEDICAL BRIEF.]

Why are Some Doctors More Successful, Both Professionally and Financially, than Others?

BY N. B. HERRING, M. D.,
Wilson, N. C.

Amongst the more gloomy portraits of that prince of pessimists, Lord Byron, none appeal more strangely to the discontent of the aged, worn and honest physician, than his description of "Old Lambro," the buccaneer.

He was the mildest-manner'd man
That ever scuttled ship or cut a throat;
With such true breeding of a gentleman,
You never could divine his real thought, etc.

Throughout the pages of history, both sacred and profane, the Rosicrucian, the Jesuit—or, with a more offensive term, the hypocrite—has had the vials of wrath emptied upon his devoted head without pity and without compassion. Woes the most grievous, maledictions the most offensive, have been pronounced against this man who, today, is the most popular in society, most successful in business, and to whom the world is ever ready to pay its homage.

Burton, in the Anatomy of Melancholy, describes the class in this wise: "Many of them are so close you can hardly discern it or take any just exceptions at them; they are not factious oppressors as most are; no bribers, no simonical contractors, no drunkards; they rise sober and go to bed sober; plain dealing, upright, honest men; they do wrong to no man, and are so reputed in the world's esteem at least; very zealous in religion, very charitable, meek, humble, peace-makers, keep all duties, very devout, honest, well spoken of, beloved of all men; *but he that knows better how to judge, saith they are hypocrites.* Their words are as soft as oil, but bitterness is in their hearts. All their study is to please, and their god is their commodity, their labor, to satisfy their lusts, and their endeavor, to their own ends."

Only the good Don of Lamancha has a word in their favor: "He who only wears the garb of piety does less harm than the audacious and open sinner." Exactly where conformity to the proprieties end and hypocrisy begins is an indefinable point.

The blending of one into the other is so gradual, so easy, so natural, and so common, that the same man may be called a polite gentleman by some, and by others be considered the veriest of hypocrites.

That a mask is essential to success, goes without saying. "No man is a hero to his valet." Stripped of the trappings of conventionality, the difference in men is reduced mainly to a matter of intellect, of judgment. In no calling is this more conspicuous than in the medical profession. Whatever may have been the secret of success among the ancients, the popular doctor of to-day, and for two centuries past, has been a "mild-manner'd man." How many of the characteristics of Byron's "sea-attorney" he must possess may not be known, but the "manner" he must have.

Radcliffe, the most eminent diagnostician of his day, was not called in to Queen Mary until the wrangle over her case became a disgrace to the profession. "The disease was measles, it was scarlet fever, it was spotted fever, it was erysipelas. But Radcliffe, who, with coarse manners and little book learning, had raised himself to the first practice in London, chiefly by his rare skill in diagnostics, uttered the more alarming words small-pox." Radcliffe's opinion proved to be right. Mary died of small-pox of the most malignant type.

Boerhaave was so famous that when a Chinese official addressed a letter "To the Most Famous Physician in Europe," it reached him safely. His biographers say that his medicines were less effective than his personal appearance. "He stands also in the anomalous position of one who had the whole world at his feet, and yet contributed little or nothing which has been of essential importance."

Rikitansky (a Bohemian), one of the most famous men of modern times, who performed more than thirty thousand autopsies, and knew, perhaps, more of pathology than all of his contemporaries, died poor. He studied to know, not to please. "He was a pathologist pure and simple." Avenbrugger, another man who studied simply to learn, and who invented percussion, lived and

died unrecognized by his colleagues, and with little support from the public. His booklet of twenty-two pages, unsalable in his time, is to-day held worth far more than its weight in gold.

Of the eminent surgeons who coined money, may be mentioned Sir Astley Cooper. "With his great professional abilities, and exceptionally endowed with all the graces of person, he became one of the most popular and influential men of his day." Note: "Graces of person."—Manner!

Going back further, we find Cornelius Agrippa (born in 1486), of a noble family, and of the highest attainments of his day, but of a "caustic humor" which made him enemies and prevented him from having any settled abode. He became a vagabond and almost a beggar in Germany, England and Switzerland. He became physician to the Queen Regent of France, but soon lost favor, was disgraced and banished. He wrote a remarkable treatise on "The Vanity of the Sciences," which gave him much trouble, and showed both his bitterness of spirit and the extent of his learning. With all his attainments he lacked the "manner," and failed.

The most notable example of success amongst dentists is the late Dr. Evans, of Paris. He had more friends among the royalty and nobility of Europe than any other man of his time. He died a millionaire, and "it may be said of him that the qualities that made him so universally popular were *personal qualities.*"

In our own country and in our own times we find the successful men possessed of personal qualities as much to be admired as their professional attainments. Notwithstanding the genius of Marion Sims, his plausible manners, his perfect adaptability to circumstances, and his persuasive speech, had as much to do with his professional success as the invention of the speculum.

T. Gaillard Thomas, of New York, was my quiz-master in 1860–61. He was a young man then, handsome, a good talker, plausible, and possessed of the most Chesterfieldian manners. His professional income has amounted to seventy-five thousand dollars per annum. However deplorable the fact that the physician's appearance has as much or more to do with his success than his knowledge, it is true, and the necessities of the case make it true. No one is, or can be, a competent judge of a doctor's ability to cure disease but a brother practitioner. The laity, knowing nothing of professional ethics and little of therapeutic measures, judge solely by results, and bad results at the hands of a plausible quack are explained to the satisfaction of the dupe, who accepts as inevitable the criminal ending. For instance, an after-coming head is allowed to lie in the mother's vagina until the child is asphyxiated. In lieu of obstetric knowledge the professional mountebank explains to the bereaved mother and her attendants (often with a diagram) how the mouth of the contracting womb, as it slipped over the child's shoulders, grasped its neck and choked it to death. This I have known done by a man who has the entire confidence of a large circle of patrons, who practices according to law in North Carolina, and belongs to the State Medical Society. Professional ability in the long run has little to do with the continuing or increasing a doctor's patronage. Some of the most competent, best educated and thoroughly equipped physicians have made ghastly failures at the practice. Prof. John W. Draper attempted the practice, failed, quit, and went to teaching, which he followed successfully until the close of his life. One of the most fascinating lecturers I have ever listened to, and one of the most thoroughly competent men in the City of Baltimore, was gray-headed before he got even a moiety of practice. It was almost pathetic how he jumped at a call one day when, with a professional brother, I called at his office to pay my respects. "Excuse me gentlemen," he said (immediately the call came), "when practice comes late in life we can not afford to neglect it." And off he went like a young man to his first patient.

If the public could distinguish between the man of ability and the pretender—if medicine was truly a science to be learned, and the results certain—then might the young man of brains enter the profession without fear of competi-

tion, save with his equals. Then would laws regulating the practice of medicine be as unnecessary as they are now useless. Then would the charlatan seek other fields in which to dupe his victims. But medicine is not a science, and never can become a science.

A chemical experiment now operates precisely as it would have done before the flood, because every atom of matter has precisely the same properties now that it had then. Matter, in each atom, is immutable; and it is mutable only in its combinations. A free, uncombined atom, probably can not exist in a state of isolation, at common temperatures, for any appreciable length of time; but supposing this possible, the atom would remain in *statu quo* to all eternity. The law of chemical affinity, however, forces one atom of matter to combine with another atom the moment they come in contact. This law is universal, and has no exceptions.

Let us imagine all created things to have been brought into being and left, for a time, in a wild state before the laws of Nature were enacted. In this chaos the atoms would not regard the very first law of philosophy, which enjoins that matter at rest shall continue at rest; and, when put in motion, shall move forward in a right line with uniform velocity. All the affinities and elective attractions, now so familiar to the chemist, would be unknown to the various species of matter and unobserved by them. Particles would dance and rest alternately in the most capricious manner. They would attract each other for a time, and then repel with unaccountable inconstancy. They would remain for a period in close embrace, and then divorce each other with the changeableness of fickle lovers. If, when the flat of Jehovah reduced this confusion to order by subjecting all the movements to regular laws, it was his pleasure to exempt some little region of his vast empire from the operation of these laws, what can philosophy say against it? If such exception was made, it was doubtless made for wise reasons—perhaps to show to his celestial school of intelligences the benefit of order by retaining a memorial of the ancient chaos. If such a region was permitted to remain, it was doubtless so bounded and shut in that its lawless confusion can not disturb the order of the universal empire. Now, if it should be discovered that the link of connection between order and chaos is the place, and that place the animal body in health and disease, and the only place that God has left without law, philosophy must be dumb and medicine no longer claim to be a science. If the so-called laws of hygiene were laws at all, the ignorant, the improvident and the reckless would soon be exterminated from the face of the earth. Like the moral law, these laws are the invention of men, and may be violated with impunity, and the penalty reserved for future application.

Two chemists of equal attainments will arrive at the same result in a matter of analysis; two mathematicians will give the same answer to a problem in arithmetic; two engineers will get the same level for a sewer pipe; two navigators will travel the same road in the ocean where there is no road save in the mind of the skipper. Admiral Semmes said he had nothing to do but lie at the cross-roads in the sea to catch the New England trading vessels. They were sure to come. These results are the outcome of science. Now, ask two physicians to make a diagnosis in an obscure case; even in simple cases they differ as far as the east is from the west. Rötheln, or German measles, is a harmless affair enough; scarlet fever is one of the most malignant of the exanthemata. In a case occurring some years ago in Philadelphia two physicians of similar experience saw the patient within an hour of each other; one pronounced it measles and the other scarlet fever. In prescribing, the differences are even greater and the results more disastrous. Quinine has been regarded for several decades as a specific for malaria. We are being taught now that it is the cause of some of the more fatal forms of that poison (malarial hematuria—Koch). Pneumonia is a disease whose mortality under the old clinical or empirical treatment did not exceed twelve, and often fell to eight per cent, has now increased nearly five hundred per cent. The microscope

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having found the pneumococcus—the cause of the disease—scientific medicine says, "kill the bug." Burn the house and kill the rats! Doses vary as widely as the necessities for their exhibition. One hundred and fifty grains of the iodide of potassium given three times a day for six months cured a case of syphilis, in the experience of this author, when nothing else would touch it. Ninety grains of quinine per day, given consecutively for three months, cured a case of malarial toxemia, where the temperature ranged from 94° to 118°. This case was reported at a meeting of the North Carolina Medical Society, where the men of science held up their hands in horror and disgust. No amount of morphine which is just sufficient to control the convulsions of an eclamptic woman will cause her death. One and one-half grains have been repeatedly administered hypodermically at one dose, with the best results—in fact, I have never known a case to die where a sufficient amount of morphine was given to control the convulsions and no other treatment used. The same medicine given in almost homeopathic doses (one-fiftieth grain) is one of the best drugs in case of pneumonia, while I have known one-quarter of a grain to kill a grown woman with that disease. Can science explain these things? If the exploded theories of medicine should be tabulated and elucidated, where is the library that could hold the books? Every generation condemns both the theory and practice of the preceding one, and yet the people die in about the same proportion they always did. A theory based upon facts will stand the test of time; investigation will only confirm its truth. If all the heretofore medical theories are false, then there were no facts upon which to build them. A small amount of the original chaos seems to have been left in this particular place.

The quantity of medical literature which daily passes through the mails, and the amount of quack advertisements which disfigure the periodicals of our country, sufficiently attest the precariousness of medical knowledge. What then! Shall we cease to investigate? By no means; a grain of wheat in a bushel of chaff is worth looking for. Let the microscope be applied to the "bug" until his harmlessness is demonstrated. Let antitoxins be administered until they are found to be worthless, or more harmful than the toxins they are intended to neutralize. Let the student of medicine study bacteriology, and let his tongue be tipped with microbes. Let him be able to talk the prevailing fad. Let the young graduate stand up in the medical society and deliver a flowery speech on "Medicine as a Science." It is a sure means of advancement in that body. Let him use antiseptics on all occasions. It makes a show; it impresses all who see. Asepsis is too commonplace; soap and water is nothing without the bichloride solution. The microbe must be killed, the bacilli exterminated.

To be successful at the practice of medicine, it is by no means necessary to know all, or even half, of what is known to be truth in the various departments of the profession. Stahl was one of the most important systematists of any age, a profound thinker, and a pioneer chemist. He scorned anatomy and physiology, saying in one place that medicine had profited as much by the knowledge of the bones in the ear as by a knowledge of snow which had fallen ten years previously. It is of more importance to be able to tell a patient in a tone of authority that "goose grease" is the only vehicle by which the skin can be made to absorb quinine, than it is to know that the skin will not absorb quinine, no matter what the vehicle. To be able to diagnose chancre from chancroid is of the utmost importance to the patient, but the doctor who treats or mistreats every abrasion of the penis as specific, will have the most money, and the greatest number of friends. If the sore is chancroid, a twelve-months' course of mercury will convince the patient that the doctor knows his business, and has saved him from constitutional contamination. To know how to plug a bleeding nostril with a wedge of fat meat is too simple and too painless a procedure to add much to the surgeon's reputation, but a bungling use of the barbarous instrument of Bellocq will convince the patient of the necessity for heroic measures, and the skill of his par-

ticular attendant. To cure a disease and save the life of the patient is thought to be the surest way to secure the friendship and continued patronage of the family and friends of that patient. Unnatural as it may seem, it oftentimes brings everlasting enmity. The physician whose knowledge of curative means brings him into strong antagonism with the ignorance, caprice and whims of the public, had better let his patients suffer, or even die, than to relieve or cure by force against the wishes of the patient and his friends. His study should be to please, not to antagonize his patrons. A becoming tear, shed at the bedside of a mismanaged patient, will do more to ingratiate that physician than to have cured the case by means offensive to the ignorance and prejudice of his friends. Every intelligent practitioner knows that the surest, best and least harmful means of reducing fever is by the proper application of cold. Let him suggest cold effusion in any family that has not been educated up to the point, and he will be stared at; let him insist, and he will be antagonized; let him persist and carry his point. Even though the patient makes a fine recovery, that will be his last call in that family. Some other fellow who calls himself doctor, and who has the true Machiavelian philosophy, will tell them that the baths were not necessary, that he had a little powder—a harmless little powder—that would reduce fever better than baths. And the next case of fever in that family will get the anti-powder.

The young man who aspires to surgical fame has as easy, or an easier, task than the general practitioner. He will meet with less competition, and by keeping in touch with his neighboring *confrères*, will be called in wherever blood and pain are associated. Surgery, being more or less of a mechanical art, is learned, as other branches of mechanics, by practice. No man can learn operative surgery except by the use of the knife. Less judgment is needed in the practice than the theory; and the bold operator will get *eclat* where the modest diagnostician will remain in the background. To cut, with the public, means surgery; and the man who is ever ready with the knife will soon acquire the reputation of being a surgeon. A knowledge of anatomy, while not objectionable, is by no means essential to the successful operator. Haller was so prominent a figure in the eighteenth century that he deservedly earned the title of "Great." In the excess of his zeal for anatomy, he purchased for a considerable sum the half of a corpse, and while in Paris he was even engaged in grave-robbing. Although he was professor of surgery, and performed many vivisections, he was never able to persuade himself to perform a single surgical operation upon the living human being. With all his knowledge of anatomy and surgery, he never became a surgeon.

Lawson Tait, the greatest ovariotomist that ever lived, relates his experience on board an Atlantic liner, when an accident occurred to a young lady passenger, in which the brachial artery was severed by a piece of broken glass, He being the only medical man aboard, naturally came to her assistance. He tells how his heart quaked and his nerves quivered when he realized the nature of the accident, and that he had almost entirely forgotten the anatomy of the upper arm. But his boldness and dexterity with the knife came to his rescue and "in a bungling manner" he finally secured the vessel.

Like prescribing, it is not necessary to do good surgical work to get a reputation. Bungling work here can be glossed over as easily as bungling work in the ordinary practice of medicine. Manner, a show of surgical instruments, an array of antiseptic lotions, and a technical lecture on germs, will impress the aids and on-lookers as to the skill and knowledge of the operator.

I know a man who sewed up a woman's bladder with a sponge in it, in a fistula operation, and afterwards amputated the coccyx in another woman for pain in the rectum caused by a fecal impaction. And yet this man has quite a reputation as a surgeon and does much work of the same character. I have seen a professor in a medical college open the abdomen with an array of antiseptic precautions; tap a pus sac, and without removing or washing out the sac, sew up the abdomen and call it

a brilliant operation. I never saw the patient again, but heard she soon went up the "golden stairs."

Minor surgery is of so little importance in the estimation of the public, that to get a reputation the tyro even should aspire to the capital operations. To be less than an ovariotomist now means to be no surgeon at all. Every pain in the right inguinal region should be diagnosed appendicitis, and operation advised. The uterine cavity, the perineum and the rectum, are rich fields for the aspirant after surgical fame. These are hidden spots where bungling jobs are not exposed.

That daughter of Esculapius who taught men the secret of health never advised the *vis conservatrix naturæ*, nor Fortunatus' cup, in the practice of surgery. To save a mutilated limb, or cure an inflamed ovary, will destroy the chance to operate; therefore, the rule should be to cut whenever the opportunity presents itself. If the patient be *in articulo mortis*, provided he will hold out until the operation is completed, the knife should be advised, but the patient and his friends should be informed of the probability of a fatal issue. A way to escape censure should always be left open, for no surgeon can guarantee the success of an operation. Another means of adding to the reputation of physician and surgeon alike is judicious advertisin~.

The code objects, but the code should take a back seat in the strife for emoluments and fame. The medical journals of the day form an immense sewer into which the garbage of "science, falsely so-called," medical riff-raff, vanity, egotism and ignorance are daily poured. This drain should be liberally patronized by all. It forms a magnificent guild hall in which the *canaille* can mix on equal terms with the *haut monde*. Manner and personal appearance cut no figure here. The editor will take the rags of his contributor and make him presentable. If sixty-eight out of sixty-nine cases of hemorrhagic fever have been cured by simple means, notwithstanding "people over fifty-five never recover, and older ones stand less chance," the information should be dumped into the maw of this omnivorous *cloaca*. It will feed the microbes and redound to the glory of the donator. Many shallow brains will believe all they see in print, even the report of an epidemic of diphtheria having passed off with a moiety of deaths.

Sir Thomas Watson, who practiced and taught medicine a lifetime in London, says: "This very formidable complaint, of which I have not seen more than two or three examples, proves fatal generally by the extension of the inflammation into the air passages." Dr. Watson having seen so little of the disease, even in a large city, is no proof of its rarity; and in the absence of the genuine article, follicular pharyngitis may answer for a substitute. The patches in the throat of the child can be shown to the mother, the house quarantined and a yellow flag raised, on which is written, "Danger, Diphtheria." This will give the doctor prestige when no deaths occur.

Another potent means of advancing the interests of the medical man is the hypodermic syringe. This little instrument, judiciously used in the interest of the physician, can be made an "open sesame" to the hearts and pockets of his patrons. Painful remedies, however effectual, are not held in high esteem by the sick, and to an hysterical woman they are an abomination. Four large, dry cups applied to the spine of a crotchety female will relax spasm and immediately relieve all pain in the lumbar region; but the wise physician will never have recourse to such uncouth but harmless measures. A little prick of the gold-tipped needle, the drug inserted, and,

> "Not that *Nepenthes*, which the wife of Thone,
> In Egypt gave to Jove-born Helena,
> Is of such power to stir up joy as this."

It is a question whether a thoroughly honest, competent physician can succeed at the business. The answer may be contained in the definition of the word honest. Being called in one day to a portly woman, unused to manual labor, and who considered work of any kind as beneath the dignity of respectable ladies; who had a scarlet blush on one cheek, with a tingling, prickling sensation which annoyed her more from

the disfigurement than any real pain. I found, by close questioning, that she had for several days been cooking over a hot stove. It was midsummer, and the diagnosis was easy. I told her the trouble was caused by the heat of the stove, and advised her to quit cooking, and to apply cold cream. I noticed that she did not take much stock in my advice, and she evidently thought I was very presumptuous to think she would burn her face over a stove. In an hour's time the "mild mannered man" was there, who told her she had erythema, and wrote a prescription that cost her a dollar at the drug store. Dr. Radcliffe, on a certain occasion, drank a toast to a celebrated London quack named Case. "Here, Brother Case, I drink to all the fools, your patients." "Thank you," quoth Case, "Let me have all the fools, and you are welcome to the rest." Is it right to cheat a fool? Let the consciences of those who do, answer.

In the year 1513 a political writer of Italy issued a volume of, perhaps, the most atrocious maxims that ever were suggested to the head of a government. Europe has visited, with its maledictions the adroit statesman by whom these invidious precepts have been recommended, forgetting that his offence consists, not in inventing, but in divulging them. "He views the management of a State precisely as he might do the construction of a machine, recommending that such a wheel or such a lever should be introduced, his only inquiry being whether it will accomplish his intention. As to any happiness or misery it may work, he gives himself no concern, unless, indeed, they evidently ought to enter into the calculation. But before Machiavelli wrote, his principles had all been carried into practice; indeed, it would not be difficult to give abundant examples in proof of the assertion that they had been for ages regarded in Italy as rules of conduct."

If it should be found that this essay contains maxims and advocates principles of conduct incompatible with the high-toned character which the medical profession is supposed to embody, let not the maledictions of my brothers fall upon the author; let them look to self and the art they serve; let them purge the profession until its character stands such as Cæsar demanded for the character of his wife, "without suspicion." Let the code of ethics be enforced to the letter, and let the mountebank be ostracised. I do not mean the inoffensive "root doctor" of the piney woods, nor the prescribing druggist. I mean the "mild mannered" Lambras, the pecksniffs in high places, the big I's and the little u's. I mean the professors in medical colleges who will deceive their own students to make a favorable impression, as I have seen done in the city of Baltimore; I mean the village Tartuffe who carries a prayer-book and sings in the choir; who will take a double fee from a poor woman when he can, and do a rich man's practice for half price. I mean the oily-tongued time-server, with a diploma in his office, and a license to practice according to law, who will ring the door-bell of a rival's patron in the dead hour of night, and when told he has not been sent for, express mortified surprise, and vent his maledictions upon the boy who brought the message. These, and the thousand and one disreputable means of "working for a practice" must be eliminated, or else the mercenary helm must still guide the professional barque. Can it be done? The experience of many ages proves that it has never yet been done, and until it is done we must wait until law assumes control, and the last remnant of the original chaos is eliminated.

Needle Threading.

The following little manipulation is easy of execution, useful and practical, and will save both temper and nerves, says Joseph M. Jackson, in *Philadelphia Medical Journal*. Let the needle (straight, curved, or cervix) be held with the ring and little fingers of the left hand, instead of with the thumb and forefinger as usual, leaving the latter free to grasp the smallest bit of silk, etc., introduced through the eye, and pull it through. By the old method, when the silk was introduced into the eye, and the needle changed from the left hand to the right in order to pull the suture through, it invariably slipped back.

[Written for the MEDICAL BRIEF.]

The Value of Sanmetto in the Troubles of Old Age and in Pre-Senility

BY JOHN MOIR, L. R. C. P. ED., ETC.,
London, England.

The value of true santal in bladder and urethral, and in the prostatic troubles occasioning difficult or painful micturition, and the difficulty of holding the water, with constant desire to micturate, as well as in many cases of stricture, has long been well known to the medical profession, and used by it, probably without exception, in these cases, combined with buchu, copaiba, or in other combinations, or alone, for years past. But in the form of Sanmetto, a preparation of the Od Chem. Co., of New York, and of 36 Basinghall Street, London, E. C., "A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle," it possesses properties and advantages in addition to its use either by itself or in most, if not all, of the other combinations in which it has hitherto been used. It is a vitalizing tonic to the reproductive system, is pleasant, palatable and effective, and does not require to be given in large doses—a very special and decided advantage—the dose required being only one teaspoonful four times a day.

We can not expect often in this world to hear of old men with the virility and powers, mental and physical, possessed by Mr. T. Sidney Cooper, R. A., who, at ninety-seven years of age, still exhibits his pictures in the Royal Academy, and carries on the business of a hop-farmer near Canterbury, in Kent, with profit, both materially and constitutionally. He is at present engaged in four large paintings of "The Four Seasons," two of which, "Spring" and "Summer," are already painted, and he hopes to complete the other two, "Autumn" and "Winter," in time for the Royal Academy Exhibition in Burlington House, London, next May. Such instances are, of course, and probably always will be, exceptional; but undoubtedly much may be done to make pleasant the Autumn, and even the "Winter of Old Age," as Shakespeare calls it in "As You Like It," so that life may be prolonged usefully without undue pain and suffering.

Now, in Sanmetto we have a true tonic, not a stimulant, to the reproductive organs and mucous surfaces; hence its use for a sufficient period restores their normal functions in cases of pre-senility, atrophy of the prostate, and wasting of the genitals, and in cases of senile decay; it is especially valuable in bladder troubles, in controlling and regulating micturition and in relieving pain and strain in these chronic and exhausting ailments.

The various prostatic troubles from the position of the prostate gland in relation to the bladder and urethra, afford the widest sphere of usefulness and receive the greatest amount of benefit from the Sanmetto treatment.

The prostate gland is the largest of all the organs connected with the male generative system. It is an aggregation of glands of the racemose type, resembling a Spanish chestnut in size and shape, situated before the neck of the bladder, behind the symphysis pubis, and surrounding the first portion of the urethra. Its secretion, a white viscid humour, discharged into the urethra by ten or twelve or fifteen to twenty excretory outlets, is allied to that of the seminal vesicles (*vesiculæ seminales*), for which it serves as a vehicle. It is also seated on the rectum, through which it may be felt by the finger, when its examination is necessary. Its base is directed backwards to the neck of the bladder, the apex forwards, and the convex side to the rectum. It is held in position by the two superior and inferior tendons of the bladder, by the attachments of the pelvic fascia, and by a process of the internal layer of the deep perineal fascia forming a sheath round it, and the membranous urethra inserted into the apex of the gland. It is pale and hard, splitting easily in the course of its ducts, and is surrounded and enveloped by a network of veins enclosed by the strong fibrous membrane with which it is invested. The urethra, in passing through the prostate, lies one-third nearer its upper than its lower surface.

Enough has now been said of the anatomical structure, and especially of

the position of the prostate gland in the male generative system, tc show its vital physiological importance in the human economy, especially in old age, pre-senility, sexual excesses, etc. It does not then require much argument in favor of any remedy, non-poisonous, bland and efficient in the treatment of prostatic troubles, or that of the other numerous ailments produced or aggravated by changes in the structure or diseases of the prostate gland. Such a remedy is Sanmetto.

We have a host of evidence, which I can myself corroborate and accentuate, that Sanmetto has proved itself to be the most efficient remedy we have; not a secret remedy either, but prepared from a known and approved formula, not only in the cure of these affections which I have mentioned, but of much more importance, their prevention. And as most, if not all, old men, and many elderly men, are afflicted with these ailments more or less, Sanmetto is indicated, to my mind, more for their prevention than for their cure, though useful there also, and consequently ought to be given whenever these ailments threaten, or are even likely to develop themselves as a preventive remedy, rather than waiting until they are established. This we regard to be the chief use and value of Sanmetto in medicine.

In cystitis, in urethral irritability, genito-urinary diseases, prostatic troubles, gonorrhea, bladder troubles, especially at the neck of the bladder and the parts of the urethra next to it, and in the nocturnal enuresis, inability to hold their water in children and old men, there is incontestable evidence of the great value of Sanmetto. It may in some cases be combined with advantage with the bromides, and Dr. Maurice B. Sincere, of Chicago, has obtained excellent results in this manner.

To sum up, Dr. W. Pearsall, Michigan, has found that Sanmetto has stood the test of time, which, after all, is the only real test which can not be disputed, and has established its reputation in curing urinary troubles.

In enlarged prostate, constant dribbling of urine, constipation, pains in back and loins, constant and frequent desire to urinate, loss of sexual desire, Sanmetto brings immediate relief, and a permanent cure is effected in an incredibly short time. Sanmetto, therefore, in the ailments for which it is suitable, as also in spasmodic stricture of the urethra, is well worthy the attention of the physician, and of a trial of its undoubted merits.

[Written for the MEDICAL BRIEF.]

A Stone Eater.

BY P. N. CILLEY, M. D.,
Lowndesboro, Ala.

October 14, 1899, a colored child, eight years old, an imbecile from epilepsy, was brought to me, the mother requesting me to remove a hickory nut from his rectum. He was making violent and persistent efforts at defecation, but failed to pass anything.

The forefinger introduced into the anus met with a hard substance, and with my fingers on one side, and a bullet scoop on the other, I readily turned out about one-third of a medium-sized hickory nut. On further exploration I found an impacted mass of pebbles filling the lower half of the rectum, and effectually preventing the passage of any fecal matter, and so impacted that none of them could pass. I drew down and turned out seventy of these, some of them an inch in diameter, from corner to corner, most of them of hard flint rock, some smooth and round, others very rough, with sharp corners and edges. The seventy, all together, weighed half a pound, and fifteen that were, perhaps, a fraction larger than the others, weighed one thousand two hundred and twenty-four grains. He must have swallowed them, as there was no abrasion at the anus. He did not suffer much from pain, but experienced a keen desire for the bowels to move. This had existed for only a day or two, and was all right next day.

THE valuable contributions in the BRIEF in the past year will make a book well worth preserving.

[Written for the MEDICAL BRIEF.]

The Use of Sanmetto in Some Sexual Disorders of Men and Women.

BY PROF. THOMAS BASSETT KEYES, M. D.,
Formerly Professor in the Harvey Medical College, etc.; Honorary President The American Medical Congress of Tuberculosis; Formerly President American Psychological Medical and Surgical Society; Fellow of the American Association of Physicians and Surgeons and Chairman of It. Section of Psychological Medicine and Surgery; Member of the Medico-Legal Society of New York and one of the Vice-Chairmen of Its Legal and Scientific Sections; Member of the American Association for the Study and Care of Inebriates, etc.; Author of "Some Sexual Disorders and Their Treatment"; and Member Chicago Medical Society, Chicago, Ill.

The promulgation of species is common to the most primitive cell. In some of the lower forms of life it is the only instinct. Thus when, through evolution, mind was formed, it was only natural that the fructifying sense should rank foremost. Of the generative organs more thoughts have been bestowed upon them than any other feature of life. It has been said that we live to propagate our species, and from the sex or procreative power all emotions are cultivated.

The developments of surgical science along the line of sexual disorders of men and women have proceeded at such a rate as to afford some semblance of justification for a brief marshaling of facts regarding the medical virtues and uses of Sanmetto in the treatment of many of these diseases of the generative organs.

Prominent among the diseases of men who have passed the meridian of life, and even in young men who have been subject to frequent attacks of gonorrhea, stricture, gleet and chronic gonorrhea, and those who have practiced masturbation to excess in early life, is enlargement of the prostate and prostatitis. In the condition of greatly enlarged prostate various surgical measures have been advocated and practiced with varying success, and with such uncertain results that the well informed practical physician now treats this condition by mechanical and medicinal means rather than by any surgical measure.

In the treatment of this condition of enlargement of the prostate, first let me call your attention to manipulation of that organ and then to Sanmetto.

Manipulation and massage as a mode of treating enlargement of the prostate and prostatitis was practiced in China over three thousand years ago. Among the oldest of Chinese writings is the Cong-Fou of Tao-See, which gives a description of this mode of treatment and goes to some length to show the sympathetic correspondence of different parts of the body and the action and reaction of the different organs. But while manipulation and massage played such an important part in the treatment of disease in the ancient times of China, it is only recently that modern medicine has recognized its virtues in the treatment of these affections. By manipulation an enlarged, hardened prostate may be softened and reduced in size. Combined with manipulation I have found no remedy so useful as Sanmetto, it being a combination of true santal and saw palmetto in an agreeable aromatic vehicle, the two great remedies for the treatment of these conditions, nor have I obtained such good results by the use of similar products. My experience in the treatment of enlargement of the prostate and prostatitis has been large and varied, so much so that I am able to say that by the use of Sanmetto and manipulation great relief will follow. Patients who can not pass their urine on account of this trouble may be relieved and the resulting inflamed bladder, the tenesmus and bearing down in the rectum will pass away. And thus by strengthening the prostate we have strengthened the generative system and relieved a worried mind.

Some interesting cases have recently come under my observation in which much was accomplished by the use of Sanmetto. The three most interesting I report here.

Case 1.—Mr. M., aged forty-four, came to me with what had been diagnosed as gouty arthritis of the feet. He had been treated at several hospitals

here in the city without benefit, and at this time complained of great tenderness about the heels and at times a burning pain up the limbs. Six years ago he had been operated upon for stricture and was apparently cured of that trouble. Urine was normal and free from sediment. Examination of the prostate, however, revealed that organ much enlarged, and pressing well against the surrounding tissues. The prostate was treated by manipulation and Sanmetto given internally for several weeks, and the patient was cured. My conclusions after the examination and which were proved by the treatment, were that the pain experienced in the feet and the warmth up and down the limb was reflex, and that the seat of the trouble was at the prostate.

Case 2.—B., aged sixty-seven, had been troubled with prostatic disease for a number of years. At times during the past two years he had been unable to pass his water without the aid of a catheter. Urine was alkaline and ammoniacal in odor. This patient was given Sanmetto and the prostate treated by manipulation, with the result that he was entirely relieved, the prostate giving him no trouble. He was advised to continue the use of Sanmetto.

Case 3.—C., was one similar to the above except in the treatment. Irrigations of the bladder were employed together with the above treatment. As the treatment was not continued as long as it should be, he has suffered with several relapses, *i. e.*, he has difficulty in passing his water at times, but this condition is always relieved by one or several treatments, and he is again placed in good condition for several weeks. He is one of the kind who finds it inconvenient to take medicine, otherwise I believe he would be better. The case, however, shows the value of the treatment.

The consecration of love between husband and wife depends largely upon the completeness of their coition upon both sides. As a rule, men are too precipitate, the result often of some genital irritation (which could be relieved by the administration of Sanmetto), and he has finished, comparatively, before she has begun, thus debarring her of receiving any pleasure, but she is obliged to suffer the penalties of which—the vagina, uterus and tubes and ovaries become congested and inflamed. But this condition of things can not always be laid to the male, for it is often the result of an anesthesia of the parts of the female. And how is this condition to be treated? In my practice I have found that sexual anesthesia of the female is best treated by the administration of Sanmetto. It is also of great benefit in treating ill temper, nervousness and hysteria, etc., which have had their origin in some sexual trouble, generally, or often, a condition of incompleteness of their sexual intercourse.

Sanmetto is also of great use in the treatment of functional disorders of the uterus, dysmenorrhea, metrorrhagia, sterility, leucorrhea, and inflammation of the vagina, uterus, fallopian tubes and ovaries. The bladder in women is an organ whose troubles are frequently overlooked, or the condition very often looked for at the uterus. Neuroses and reflex disturbances are often consequences of an inflamed, diseased bladder, and here Sanmetto is the remedy *par excellence.*

In conclusion, I would state that I consider Sanmetto indispensable in the practice of medicine, for no other preparation of santal and palmetto seems so well fitted to obtain the confidence of the patient.

[Written for the MEDICAL BRIEF.]

Morphine in Puerperal Eclampsia.

BY J. M. SHEPPARD, M. D.,
El Dorado, Ark.

In the October number of MEDICAL BRIEF I noticed an article on the above subject from Dr. N. B. Herring, of Wilson, N. C., in which he claimed that morphine is the one remedy.

November 12th I was called to see a lady who, as the attending physician, Dr. J. M. Castleberry, wrote me, was suffering from puerperal eclampsia. For several days she had complained of severe headache, and her feet were considerably edematous, and face was bloated.

Suddenly, the night of October 11th, about eleven or twelve, she was seized

with convulsions, which occurred every fifteen to thirty minutes, for some time. She was not known to be in labor; in fact, thought it several weeks off. Dr. C., the nearest physician, was called, and in a short time they sent for me. When I arrived she was threatened with convulsions, but managed to hold her still enough to give one-half grain of morphine hypodermically before it was well on. After the convulsion passed off she looked very much like she was dying. In a short time she became restless, the forerunner of a convulsion, and she was given another one-half grain of morphine hypodermically. Within four hours she had received about two grains of morphia, which kept her quiet for seven or eight hours, when another dose of some size was given. She had only one convulsion after my arrival.

Nothing was done to hasten delivery, but labor went on naturally, and by ten P. M. the following day she gave birth to a dead child. She lost all consciousness after first convulsion, and remained so for some time.

Dr. C. had given her three-quarters of a grain of morphia before my arrival (during the eight or nine hours).

Her urine was almost solid, when boiled mostly albumen, but urates and phosphates were greatly increased. Since her delivery she has been doing well.

Another remarkable feature is that her respiration was never lower than sixteen per minute. I think, from this case, that the remedy is a specific, if used in time.

Gastralgia.

Gastralgia can be relieved promptly by chamomile or hydrocyanic acid; dilute a few drops and alternate with bismuth subcarbonate. Sweet-flag is good if pain is of a colicky character, and essence of peppermint with ten drops of dioscorin will meet the indication, and is much preferred to opium.—DR. ROTHROCK, in *Med. Summary.*

DON'T fail to have your name on our list for 1900. Send $1.00 and have it placed there in good time.

[Written for the MEDICAL BRIEF.]

What to Read.

BY H. O. WELLS, M. D.,
Andrews, Ind.

In the July number of the BRIEF there appeared an article by me on "Suggestion in Medicine" (page 1159), in which I stated that every physician should read some good work on the subject. I received so many letters of inquiry as to what to read that I decided to answer through the BRIEF, if I may have the space. It will be a saving of time and stamps to me, for many of the doctors forgot to enclose a stamp.

There are many good works on the subject above mentioned, of recent publication, and I would advise the doctor to secure no other than a late publication. One of the newest and best works that has come under my notice is "Mind and Body," by Dr. A. C. Halphide, of Chicago. It is a concise little volume of two hundred and thirty-one pages, and covers all the ground without going too much into lengthy detail. For the busy physician who wants "much in little" this work will meet his demand, and I would say read it. It is published by the author at 3458 Wabash avenue, Chicago.

Another work of merit is "Hypnotism," by Albert Moll, imported by Charles Scribner's Sons, New York. It has four hundred and forty-eight pages, and goes more fully into details. The fourth edition is just out, revised and up-to-date. The price is one dollar and fifty cents.

If the physician will read these two works, or either of them, he will get all the practical points on the applied science of hypnotic suggestion. If he wishes to go a little deeper into theory, he may read the "Rationale of Hypnotism," which is what its name implies, and goes thoroughly into the analysis of the subject. It deals more in the theories and less with therapeutics, but is well worth the reading. It is published by Houghton, Mifflin & Co., Boston. Price, one dollar and twenty-five cents.

I want to repeat again that I believe that money spent for books on this subject is the best investment a doctor can make, unless he is already posted on the subject.

[Written for the MEDICAL BRIEF.]

Some Remarks Upon the Treatment of Typho-Malarial Fever.

BY JAMES DUNBAR-BRUNTON, M. B.,
Leatherhead, England.

This paper has been suggested to me by reading an article in the MEDICAL BRIEF, for October, upon "Typhoid Fever." Some of the cases reported by the doctors in this paper, seem to me, on reading the symptoms, to be, as they themselves indicate, not cases of typical typhoid fever, but of that class of fever which is variously known (according to the symptoms or complications manifested, or by the locality where it is prevalent,) as typho-malarial, remittent fever, Malta fever, Morocco fever, etc.

This fever is a widely distributed one, often sudden in its onset, grave in its effects, and of great persistency. In many countries or districts where it abounds it is often a very fatal fever, and to a great extent seems infectious. It may be endemic or epidemic, but is most often the former. Certain localities seem to produce this fever by the nature of the soil; thus, in those towns of southern Italy which are built upon limestone, and where there is a great deal of surface sewage matter which decomposes, they have many cases of this fever amongst the inhabitants.

Naples long enjoyed an unenviable notoriety for its fever cases, these comprising just as many of the cases of this fever as of typhoid. Now, since the establishment of one of the purest water supplies in the world, typhoid fever has been largely lessened, but the number of cases of this so-called typho-malarial remains pretty much as it was. This can be brought forward as one proof of the distinction between the two fevers.

While typhoid has its definite incubation, its course of symptoms and its complications, typho-malaria, or, as it should be correctly called, remittent fever, may attack the individual with as much suddenness as does influenza. A few hours may be sufficient to change an otherwise healthy person into a patient with a high temperature. Enteric fever tends to run a definite course, uncomplicated, as a rule, except by lesions, which one expects to find from the nature of infection, as well as excessive diarrhea, hemorrhage from ulceration, or congestion of the lungs.

In contrast to this the so-called typho-malarial has a tendency, *per se*, to become more serious from day to day, with a pronounced tendency to severe congestions. These congestions may be in any organ, as in the lungs, spleen, and the liver especially. Peritonitis is fairly common, and the difficulties of treatment may be increased by gastric catarrh accompanied with severe pain, leading to inability to retain nourishment. These cases of typho-malarial differ also from typhoid, in that instead of diarrhea the opposite condition is the generality. Epistaxis is a common accompaniment of the fever towards or after the first few weeks, and is very often heralded by severe bronchial headache and photophobia. The state of the tongue differs from that seen in enteric cases, the edges being intensely red, and the fur having a tendency to be lateral, with a sulcus down the center.

The fever, as I have already said, is of the remittent type, the intermissions not being well marked, but the fever being more or less continuous. If the temperature is carefully observed, it will be found that every third or fourth day there is a maximum which I have noted, in some cases, of 106° F., but there is not the corresponding remission which one expects to find in the typhoid, the temperature dropping somewhat, but only to rise again a few days later to a degree scarcely less high. Delirium is not well marked during the course of the fever. Needless to state, this fever, unless treated, tends to assume a fatal ending sooner or later, depending on the complications and the organs attacked. In milder cases it may run a course of months, which may be finally benefited by removal to the seaside, or to some healthy district; thus, in cases which occur in Malta where the fever is so prevalent as to be called "Malta fever," the sufferers can only be benefited to any great extent by being removed from the island.

Enough, I think, has been said about the course of this fever, and I give a few

suggestions as to the treatment found most efficacious abroad.

Treatment.—The object of the treatment is, essentially, to cure the fever; to alleviate the symptoms only, and the complications which arise, is simply postponing, if possible, the evil day.

Although this fever is often described as malarial, it is only malarial in so far that it is found in certain localities or districts—malarial, also, to a certain extent, in the mode of its onset—but it is entirely different, as I have shown above, in its course and symptoms, and therefore resists all anti-malarial treatment, as many people have found to their cost.

There is only one treatment, and that a most definite and specific one, and no others are of any avail. This specific treatment consists of a judicious use of internal medication by means of mercury. I am aware that in writing the above words, I shall undoubtedly find opposition from many who have not seen the beneficent action of this most powerful drug in these cases. Its mode of action may be described as two-fold: the one is local, the other general, upon the system.

The combination of the drug which I use is the hydrargyrum cum creta of the British Pharmacopœia. This is administered in a diurnal dose suitable to the age and strength of the patient. It is well to add a warning here that great care must be taken not to salivate the patient; therefore, a smaller rather than a larger dosage should be commenced with. For ordinary purposes, two grains in the morning before twelve and two grains in the evening, watching carefully the effects, will be sufficient for adults. Many of the Italian doctors, who have much to do with this fever, give half a grain or one grain doses more frequently, to arrive at the effects wished for. And what are these effects? Rapid subsidence of the fever, cleaning of the tongue with returning moistness, the internal congestions are stopped, constipation (which is always present in these cases) is overcome, and the bowels commence to act of themselves. The liver, from being in a state of engorgement and congestion, is depleted by the use of this drug, and gradually a healthy flow of bile takes place. The urine, from being highly colored and scanty, becomes clear and more copious, and the perspirations, which previously were futile and non-beneficial, become freer and of a more healthy character. As the tongue and the *viee naturales* clean, the patient commences to take interest in things around him, his appetite returns with the cleaner tongue, and taste and smell come back to him.

To conclude this already somewhat lengthy article, it is only necessary to point out how (in my opinion) this drug seems to act. As the infection in the first instance seems to take place through the digestive system, evidently it is here where we must look for the seat of the disease and its effects, and here also where we must combat it. The most powerful intestinal disinfectant we have is, undoubtedly, mercury, which acts upon the mucous membrane of the stomach and bowels in the first instance, a proportion of it being absorbed to act upon all the other tissues of the body, besides, most probably, as a sublimate.

Here we have a double action which, in this fever, is so much wanted to produce a cure: the local one upon the diseased tissues, and the general action through the blood to act upon the accumulated products, which is a species of ptomaine poisoning. Hence the explanation of the rapid and beneficial action of the drug, which, if administered in time, will rapidly cure the majority of these cases of so-called typho-malarial fever without delay, and prevent complications.

During the treatment it is always well each morning and evening carefully to observe the state of the patient, so as to see and stop in time any sign of over-mercurialization, the gums, of course, being a good index. Excessive diarrhea is also against the continuance of the treatment, but it can easily be controlled by remedies should it occur. It will be found that these symptoms of the drug do not show themselves until the fever has been got under, and the symptoms removed, the one neutralizing the other.

I hope that these remarks will be of some assistance to those readers of the BRIEF who may have occasion to meet with this fever, and that they may find the treatment as beneficial to the patients under their care as I found it when I first practiced it in southern Italy.

[Written for the MEDICAL BRIEF.]

Appendicitis.

BY JULIUS E. GRISWOLD, M. D.,
Portland, Conn.

I have received, alike with others, a pamphlet written by Dr. Elmer Lee, of New York, on the above subject, in which he says, "for one, my belief is that every thought which is the independent opinion of the individual should be spoken, even if it is a repetition." After reading the article several times, because it is so good a one, I am inclined to offer what I have, not for a moment setting up my judgment or experience as anything to be considered compared to Dr. Lee's. I have not seen or attended many cases of appendicitis, but with the exception of one those cases have recovered without operation, and also without resorting to the one procedure in Dr. Lee's treatment that I would always object to, viz., the use of enemas of any sort but olive oil.

It has been my fortune to have charge of and conduct to a terminus only five cases of the trouble, relying entirely on my own judgment and treatment without consultation in four of them.

The fifth one was too far advanced for anything but surgical help, and even that was of no use. The case was one of repeated attacks, but the patient had never consulted a physician for the trouble, and when I saw him the abscess was about to the point of rupture through abdominal walls from large amount of pus. This case I knew would die, and so informed the family the moment I put my eyes on his belly. He was operated on immediately, and died in twelve hours. Ought to have been cut days before, but the fault was without the profession, the patient supposing he had "bellyache" all the years he had suffered, at intervals.

The four other cases showed inflammation of appendix and localized swelling and tenderness over the point where appendix is with a somewhat general peritonitis, more especially on right side, surrounding the swelling.

The four cases that recovered were seriously ill, with all attending symptoms extending over a period of two to three weeks, and during that time for many days I was on the fence as to whether I would call an operating surgeon or not. The family in each case, and the patient also, had confidence enough in me to leave that matter entirely in my hands, trusting to my judgment alone; a very satisfactory condition of affairs in that respect, so far as it went, but of course it puts the whole responsibility on the physician. In each case it was made plain to all concerned the risks we took by waiting, and the dangers we would encounter from an operation at any stage of the trouble.

This I consider a very important point in conducting a case of this sort. Never give the family or patient the slightest reason to think that you consider their case anything but serious, and never commit yourself as to what the outcome will be. Be very guarded in your opinion—simply say, "I do not know how it will end, but if you will trust to me, and prefer to, we will proceed without operative interference."

These cases all occurred over three years ago, and up to this time no signs of recurrence. One, a woman about forty-three, married, five children, otherwise healthy, no cause known. Another, a woman about forty, married, no children, previous health not particularly good, no especial disease, but not strong, cause unknown; since attack has been very much better generally. Another, a girl about fourteen, good health. About one week before attack ran and jumped over small brook, fell and landed on her belly on a stone. Was this the cause? I think not. The last, girl about eighteen, previous health good, no cause known, unless rode a wheel too much. Still I can not say that I think the wheel was at fault.

Now, if I was to meet a similar case I should treat it as I treated those, as follows: Continuous application of turpentine, olive oil and camphor; morphia enough to keep down all pain, a laxative occasionally, perhaps every four or six days, with olive oil injection by ordinary fountain syringe—no rectal

tube business—enough to move what is in lower bowel, trusting to that in upper portion, which will follow along; milk and water diet exclusively, and hands off the belly, unless one can percuss very lightly. No massage, no throwing up in the gut a large amount of fluid, perhaps, rupturing it, as I have known it to be done, flooding the whole abdominal cavity. When one thinks of the condition of the gut, when it is inflamed, perhaps enough to distend it so that it is very thin, it hardly seems wise to blow it up still more, until, perhaps, you rupture it. Now, I do not decry the surgeon's work in cases of appendicitis, but from what I learn I feel that some cases would stand a better chance without operation. The question is, how long shall we wait, how much responsibility shall we shoulder alone?

Well, so far as I can see, it depends entirely upon circumstances, and those circumstances are not made up entirely from the condition of patient. The family will be a large factor in the case and the wishes of patient. If one has them in hand, enough to control the situation himself, he can be guided entirely by the condition of patient; but if not, then I should say send for an operator, and leave it to him, for if it is delayed too long it may be too late. The responsibility of carrying the case alone is tremendous and risky, but if you have given the family to understand all sides of the matter, whether the patient is operated on or not, then you have nothing to regret, whatever the outcome. Many, very many, will not listen to the coming of a surgeon, unless the physician advises it, and even then some demur.

Dr. Lee refers to the fee for physicians who conduct successfully a case of appendicitis, saying they should get as much as the surgeon. Well, all I have to say is get what you can, justly, but do not expect to get a surgeon's fee—not if you work in Connecticut.

Dr. Lee's paper is good enough to read many times, and fine enough to preserve, but I can not quite fall in with a part of his line of treatment. My experience has been small compared to his, but it stands me in hand for considerable, and I offer it.

[Written for the Medical Brief.]

The City Specialist and the Country Practitioner.

BY E. P. BELL, M. D.,
Sandyville, Iowa.

The specialist naturally expects the majority of his patients to come to him by reference from the family physician. Their relations should be cordial, courteous, and each should endeavor to protect the interests of the other with fairness toward the patient.

The country practitioner sees many patients each year that could properly be referred to the different specialists in the city, but the average country doctor prefers to treat such cases according to his ability, even though knowing that under the care of one who has made that particular disease a life-long study, and with the advantage of hospitals and trained nurses better results could be obtained than he can possibly hope for.

Recently the writer sent a club-foot patient to the nearest orthopedic surgeon for operation, when, to his surprise and chagrin, he learned, two days later, that the family had called on the specialist in orthopedic surgery, and got his opinion about the operation, but went to one who was known to the writer as a gynecologist, who did the operation. Result: The feet will have to be operated upon again, as the pseudo-orthopedic surgeon did not operate properly or give it careful after-treatment. Although he had a State-wide reputation as a specialist in diseases of women, he was not prepared, nor competent, to operate on this little child's feet.

When specialists confine their work to that which they are qualified to do, then, and not until then, will the profession have confidence in them. A family physician does not like to have his patients mulcted out of large fees, and then receive no benefit. It is such treatment as this from our city friends that prejudices the country doctor against specialism. The time will come when every county seat will have one or two men who have taken up special lines of study, and have made them-

selves proficient in these lines. It is to these that the country doctor will refer his patients who need special treatment. Being personally acquainted, the family physician will rest assured that his interests, and those of his patient, will be in good hands.

The MEDICAL BRIEF comes regularly with my other medical journals. It is always intensely interesting and instructive to me.

[Written for the MEDICAL BRIEF.]

Vinegar for Aconite and for Erysipelas.

BY W. H. BLAKE, M. D.,
Philadelphia, Pa.

In the November BRIEF Dr. Virginia T. Smith says: "From personal experience I know the use of vinegar to be most excellent as an antidote for an overdose of aconite."

Forty odd years ago, when I was a young fellow, I learned that a little daughter of a family with whom I was acquainted was poisoned by chewing the leaves of monk's hood (aconite), a favorite garden flower. On entering the house, I found there one of our oldest physicians "at his wit's end." The child was deadly pale, cold, limp as a cotton string, pulse and respiration almost imperceptible, pupils dilated and upturned, and apparently unconscious, and very near death. On the dining-room table I found vinegar, and put a teaspoonful in the child's mouth; it ran down the throat, and was finally swallowed involuntarily. I gave another teaspoonful, and when that disappeared another, and so on. After a time the pulse and respiration improved; the child opened its eyes for a moment, the pulse grew stronger, respiration deeper, the skin warmer; the child moved a little, opened its eyes again, and spoke. The next day it was well, but languid. The Doctor said: "Blake, where did you learn that? 'Taint in the books!" "No," said I, "There is no treatment in the books worth anything for such cases, but the child appeared so much like a boy when tobacco sick, that I thought of the vinegar, because the boys eat sour apples, or drink cider, or vinegar and water when they have smoked too much, and are quickly cured."

The foregoing reminds me what a good remedy vinegar is for facial erysipelas. Of course I can not count my cures by scores, as some younger practitioners could, but with all the cases I have attended in the past thirty years, the following treatment has been a perfect success, viz.: Aconite internally to abate the blood pressure in the part, and in recognition of the old adage, "pulse at seventy, fever and inflammation impossible." Externally, the face is hourly, perhaps oftener, painted with cider vinegar, and a cloth wet with it is kept over the face. If the skin cracks, and the vinegar causes smarting, first paint with a solution of cocaine.

Direct light should not shine in the face, and the bowels should be kept free. With every breath the patient inhales the tonic and antiseptic vapor of the vinegar and enjoys it. In nine to twelve days he is out again; an improvement on the three weeks or more, usual under the tincture ferri chloride treatment. The headache, if any, is but slight; the eyes are by no means badly affected, and the patient is, for the most part, comfortably sick for a few days. If restless, give gelsemium. The earlier the case is seen and attended to, the less the suffering and the sooner the patient is about.

With this treatment, such adjuncts being used as occasion may require, all the symptoms or effects seem to be greatly mitigated. At least that is my experience, and I never bothered about bacteria or bugs of any kind.

Water the Babies.

The editor of the *Medical Monograph* makes the following sensible remarks: "If there is any reason why water should be withheld from a child afflicted with intestinal disease, it has not been satisfactorily demonstrated. One of these children, with a hot skin and parched mouth, restless and fretful, is as fair an indication of tissue drought as could be desired. Give it water, not a teaspoonful, but a tumbler full, and you will frequently see a wonderful change. Saturate it with water."

THE MEDICAL BRIEF

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Editorial.

Destroys the Constitution.

The friends of the distiller have tried to prove that alcohol is a food and tonic, but the effort has resulted in utter failure. *Alcohol is neither a food nor a tonic, but the most pernicious of all poisons.* Taken habitually, in even the smallest quantities and weakest beverages, alcohol *undermines and destroys the constitution.* Its action is progressively and continuously hurtful and destructive. There is no such thing as temperance in the use of alcoholic liquors. Whether it be whisky or beer, or wine, and the daily consumption large or small, the effect is the same. The sole difference is in the time required to burn out the constitution. The sapping of the vital forces is going on all the time.

Alcohol is neither a food nor a tonic; it is an excitant and depressant. Like all poisons, it first irritates and then paralyzes. It wastes vitality by first abnormally rousing and then abnormally depressing sensation and emotion.

Alcohol abuses and weakens the nervous system, thus causing a predisposition to, and aggravating all diseases. Alcoholism is the parent of the neuroses—hysteria, epilepsy, chorea, neuralgia, neuritis, cramps, delusions, hallucinations, dementia, and all those nervous disorders which have no distinctive pathology, and rest upon a peculiar irritable state of the nervous system. It likewise prepares the soil for tuberculosis, diabetes, Bright's disease, cancer and other diseases dependent upon defective innervation and impaired nutrition.

Alcohol irritates the mucous membranes and structure of organs, leading to chronic inflammations with fibrous changes, contraction and hardening, or tissue break-down with hemorrhages, pus-formation and blood poisoning. In all cases, the liver, lungs or kidneys become organically diseased, sooner or later, and untimely death is the frequent result.

The man who dallies with alcohol, permitting himself to take an occasional drink, is almost certain to form a pernicious habit, which he is powerless to break, and which slowly and insidiously robs him of his reserve vitality. He may not see or feel the draught on his forces, because no emergency occurs to test his strength, but the drain is going on all the same. This gradual leakage of vitality, if wisely invested in good habits and right living, would add twenty years to his life-span, and enable him to hand down a constitution untainted by vice or physical infirmity.

Alcohol does not take the place of food; it merely benumbs appetite. Intense hunger is one of the earliest symptoms in men under treatment for alcoholism, after the poison is eliminated.

Alcohol dwarfs a man, mentally, morally and physically. It is the great cause of racial degeneracy. It is responsible for many crimes, vices and diseases. The drink habit is no more justifiable than suicide. The temporary oblivion of the cup must be paid for, when the bout is over, by bodily suffering, increased unfitness to discharge individual responsibilities, a haunting sense of unworthiness and failure, the unhappiness of all those dependent upon the drunkard, the disapproval of society, and the gradual loss of all that makes life worth living.

This is a sad but true picture. It is more than sad to reflect that the medical profession has had a hand in painting it. The doctor has countenanced the widespread and indiscriminate use of alcohol. He has prescribed it for this, that and the other trivial complaint, and looked on complacently while the youth of the country inflamed its passions, clouded its judgment, and confused its moral sense, forging the fetters of imperious habit to drag down and chain the forces of manhood.

The physician is the last man to intentionally harm anyone, but he can not disclaim moral responsibility on this account. Ignorance is no excuse before the law. The attitude of the doctor is responsible for the general, deeply rooted belief that alcohol is a harmless stimulant, a tonic, and a substitute for food; therefore, it must be the task of the doctor to show that such a belief is erroneous, the result of superficial observation and insufficient knowledge; that time, experience and a more comprehensive study of the action of alcohol shows conclusively that it is a most deadly poison.

Prohibition will never stop the use of alcohol. Law can not force a man to quit drinking, or doing anything else that he wants to do, any more than a dam can change a water course. He drinks because he believes that alcohol is harmless, if not positively beneficial. That *belief* must be changed. Men must be taught that alcohol is a deadly and destructive poison, and that by the doctor, to whom all naturally look for knowledge and guidance in matters of health.

The Boers and the Filipinos.

The two great English-speaking peoples are at present engaged in a warfare against the forces of greed, bigotry, intolerance, brutality and savagery—the one nation in the Philippine Islands, the other in South Africa. In neither case was the war sought or inaugurated by the Anglo-Saxons. On the contrary, it was forced on them after patience, forbearance and long suffering, by deeds of murder and violence, and by armed attack—in the Philippines by the Tagal army, under the self-constituted leader, Aguinaldo; and in South Africa by the ignorant and bigoted Boers.

While the two countries are engaged in maintaining order, and endeavoring to extend the blessings of a free government to peoples who have never known what these blessings mean, they are assailed at home by a class of unpatriotic men, aided and abetted by a few misguided sentimentalists. The object of these assaults, too, is the same in both cases—to embarrass, as much as possible, the party in power, and to effect its overthrow, and all for selfish purposes. The leaders of the "opposition" in Parliament, like William J. Bryan and his adherents in this country, are animated with but one motive—self-aggrandizement and accession to office, to attain which they would sacrifice the lives of their fellow citizens at the front, and bring disaster and humiliation to their country at home and throughout the world.

After Aguinaldo had made his treacherous and murderous attack on the American lines at Manila, as Americans no other sentiment should animate us but that of determination to see war made upon him until he is forced to yield obedience to our country. Until that is done, and done unconditionally, duty, love of country, and American manhood, all demand that we should loyally support the head of the nation in his efforts to achieve it.

The constitution of the United States declares treason to be the giving of aid and comfort to the enemies of our country in time of war. Are not William J. Bryan, Senators Hoar and Mason, and all of the others who are

ranting about imperialism and expansion, daily and hourly giving aid and comfort to Aguinaldo and the men under him—men who not merely kill our sons and brothers now fighting under the flag of the Union, but who treacherously slay them and mutilate their bodies, while holding aloft the flag of truce.

The United States Government, like that of England, serene in the knowledge of its own power and greatness, allows the widest liberty of expression of opinions by private individuals, and of criticism of the acts of men in power, but it seems to us there surely ought to be a limit to the mouthings of Bryan and his clans in this country, and of the "opposition" in the English Parliament.

The Philippine Islands came into our hands not through conquest or robbery, but by a treaty ratified by the Senate of the United States. They are as much the territory of this country as is Alaska, or as are the States once comprising the Louisiana Purchase, or as Virginia or New York, and as such we should and will hold them against the world. The other nations of the earth so regard them, and hold our country responsible for them and for the acts and doings of their inhabitants; and, therefore, it is the duty of President McKinley to put down rebellion in them, to wage war, relentless war, at whatever cost of life and treasure, and the men who deliberately hamper and interfere with him are guilty of treason, whether intentionally or not.

The course of Mr. Bryan in this matter is peculiarly demagogical. When the treaty by which the Philippines were secured to us was in danger of defeat in the Senate, he hurried to Washington and threw his weight into the scales to secure its ratification. He was applauded for the act, and was regarded, by many who had heretofore distrusted him, as a patriot at heart when his country was assailed by an armed foe. Now, it appears that his object in aiding in the ratification of the treaty was simply to create an opportunity for him to make political capital, by appealing to the prejudices and exciting the fears of the people. This is a queer predicament in which Mr. Bryan has placed himself, and he will lose hundreds of thousands of votes by his unpatriotic attitude.

The Tagals will be put down, as the Boers will, and shortly. The Stars and Stripes, like, and with, the "Meteor flag of England,"

> "———— will yet terrific burn,
> Till the troubled night of war is past,
> And the star of peace return."

And Anglo-Saxon civilization, Anglo-Saxon liberty, and Anglo-Saxon justice, will rule supreme.

This race has always fought for the good of mankind. In the Transvaal to-day, and in the Philippines, *it is fighting for liberty*. The sentimentalists who uphold the Boers and cant about their brave struggle for liberty either know nothing about the Boers, or deliberately misrepresent the situation.

The fact of the matter is, the only liberty which they or which Aguinaldo is fighting for *is the liberty to oppress others*. They would have the Anglo-Saxon, with his indomitable will, his energy, his perseverance, to come to their countries to make them rich and great only that they may oppress and rob them.

The Boers give to the English and Americans, who constitute a large portion of their population, no right to a voice in the administration of government, though they impose upon them the largest share of the burdens of taxation, and the English in South Africa are only fighting for the principle that there shall be *no taxation without representation*.

The Filipinos know nothing about liberty or Government. They are simply half-naked savages, who would long ago have laid down their arms and submitted to the sovereignty of the United States but for the support and encouragement and assistance which they have received from certain people in our own country who claim to be patriots. The blood of our soldiers is on the hands of these unpatriotic citizens, and posterity will hold them responsible for the lives which their conduct has sacrificed.

Over-Eating.

All of us probably eat too much. Over-eating is said to cause nine-tenths of all diseases. Did you ever know an abstemious eater to have erysipelas? Never! Why? Stop and think!

The blood of the erysipelas patient is too thick to circulate freely. It is rich in surplus nutriment, which Nature must dispose of in some way, according to the individual's temperament and constitution. Blood which is thick and viscid chills in the veins, is loaded with impurities. The skin of such patients usually exhibits a dusky tinge, testifying to the presence of carbonic acid in excess. This last condition gradually brings about disease of the red-blood corpuscles.

Surplus nutriment in the blood can not be utilized to build up normal tissues. It will either be eliminated by the action of some organ, or organs, or used up in the formation of fat, tumors, or other unhealthy tissue developments, according to whether destructive or constructive forces predominate in the person. Erysipelas and the eruptive fevers, diphtheria, the albuminuria of Bright's disease, diabetes, excessive deposits of fat, cancer, etc., are some of the ways in which Nature tries to get rid of a nutritive plethora.

The system may try to tolerate over-rich blood, the result of imperfect, forced digestion, or it may rebel. In one case we have much fat, cancer, connective tissue growth, with fibrous changes in various organs, and sometimes strictures at different sphincters along the alimentary canal, evidences of Nature's efforts to shut off the continuous stream of unnecessary nutriment. In the other case, we have inflammation of the kidneys, with leakage of albumen, as in Bright's disease; of the skin, as in erysipelas; of the lungs, as in pneumonia, or the lymphatic system, as in tonsillar diphtheria, etc., in the endeavor to cast out or store up surplus nutriment, and give relief to the general system.

The doctor, whose patient is unhealthily fat, anemic, has evidences of albumen in his urine, a violet hue of tongue, is a little short of breath and wheezing—signs of an oppressed and laboring heart—with recurring attacks of erysipelas, or other skin trouble, should insist upon the patient's adopting a spare diet and taking enough daily exercise to put him in a glow. No matter how little he eats, it is too much while such symptoms continue, and he needs the assimilation of water and oxygen to thin and vitalize his blood. Nothing but exercise can induce the assimilation of these vitalizing agents, and without them, first the joints, then the muscles, and lastly the entire body, will stiffen from the presence of a glue-like, non-circulating lymph, against which the heart beats with steadily failing power until it stops, discouraged and exhausted, long before its time.

This is the natural history of most deaths from heart failure in large, robust-looking men of middle age, who escape those intercurrent affections which menace them from time to time as a result of an habitual plethoric state, the symptoms of which they persistently ignore, or treat superficially.

Typhoid Fever.

At present writing, typhoid fever is epidemic throughout the country. This fact has attracted much attention to its causation and cure. The general consensus of opinion seems to be that the poison of typhoid lurks in impure drinking water and contaminated milk.

The character of water we drink does not receive the consideration it deserves. Physicians, and the more intelligent among the laity, know that impure water is not only a likely source of infection, but disagrees with, and deranges, the digestive organs, so that if the gastric juice is naturally powerful enough to neutralize any poison, the digestive organs gradually weaken under the constant use of bad water, until this normal resistance is overcome.

It would be of incalculable benefit to the health and well-being of every family, if each owned some simple contrivance for distilling its drinking water, which could be easily aerated by letting it drop from a height into a cooling receptacle. The cost of such a still would be small, and its value as an agent in the prevention of disease not easily reckoned.

In this connection, we wish to call attention to the unsuspected danger which lies in unclean ice boxes. Well-to-do families, who employ a number of servants, often leave the entire administration of household affairs to their hirelings, who, in the absence of watchful and thorough supervision and inspection, slight important details of their work, such as the condition of ice-boxes and kitchen sinks.

Icemen declare that the boxes in wealthy families often give out a stench which rivals that of the morgue or dissecting room. This stench is due to the formation of poisonous gases, which contaminate the milk, cream, butter, and similar substances kept in them, and probably taint the ice used to cool drinking water.

Kitchen sinks should be cleaned at frequent intervals by pouring liquid lye and boiling water in generous quantities down the waste pipe. Decaying vegetable refuse must be cleared out of cellar-bins before musty odors develop.

As so many physicians have been wrestling with this disease lately, many new points in treatment must have been brought out. We, therefore, invite those who have a short, practical treatment, which has given them good results, to send it in to the BRIEF, where it will do the "greatest good to the greatest number."

Athletics.

Athletics has become a modern craze. The pendulum has swung from the one extreme of scholasticism and asceticism to a positive monomania on the subject of athletic sports and pursuits.

A certain amount of daily exercise is beneficial and necessary, but fanaticism is more hurtful than no exercise at all. The good effects derived from exercise consist in the tonic influence of fresh air and the exhilaration produced by motion. A man grows stale who takes no exercise, and breathes impure air, but a comparatively small amount of muscular effort is required to produce the physical glow which stimulates glandular activity, and whets the faculties for work.

A small amount of suitable exercise, taken systematically, has a beneficial reactionary effect on the mind. After it is over the brain works more easily, as though it had been lubricated. But excessive exercise is as injurious as a spell of sickness. It wastes vitality, breaks down tissue, and exhausts the nervous system. It strains the heart and blood-vessels, and prepares the muscles for fatty degeneration.

It is a well-known fact that athletes do not live as long as men of sedentary habits, and that they suffer from many ills arising directly from their pursuits. Champion base ball and foot ball players, runners, boxers, competing cyclists, prize fighters, etc., all are especial sufferers from the abuses inseparable from their vocations.

The growing love for prize fighting, boxing contests and similar sports, is to be deprecated. They are coarse and vulgarizing to both spectators and participants. They cater to the old barbarous relish for cruelty, and invariably brutalize the principals in such displays. No matter how good-natured or well-meaning a man may be originally, if he cultivates a taste for any sport in which individual excellence or success is only possible through the suffering and ignominious defeat of his opponent, he betrays his higher nature, and gives the animal the upper hand, until he is finally a mere brute, glorying in suffering and cruelty.

Our colleges are giving too much attention to athletics. While a rational amount and variety of exercise is necessary to relieve the nervous tension of constant mental application, uncurbed enthusiasm has gradually reached a point where athletics are *the feature* of certain colleges. It is a standing joke that graduates are educated "from the feet up," certainly a most radical change, and that in an age when brains is the great desideratum for success in any career. Neither money, position, nor influence can make up for the lack of a cultivated and resourceful mind.

The profession should take this subject in hand, and show the people the dangers attending athletic sports, carried to excess, and teach them to discriminate as to the value of the various sports. Walking, wheeling, golf, skating, rowing, gymnastic exercises, indulged in

with moderation, are beneficial, but base ball, foot ball, boxing, and especially prize fighting, have nothing to recommend them, and are barbarizing in their influences.

Sound Money Legislation.

By the time this article is printed, Congress will be in convention at Washngton. The Republican party has a majority in both houses of the law-making body. The Republican party is pledged to ratify the gold standard by legislation, which will place all our moneys on a parity, secure us from panics and stringencies, place beyond cavil the credit of the nation at home and abroad.

The prompt inauguration and continuous growth of prosperity, following the popular endorsement of the gold standard financial policy at the last election, has convinced the people of its wisdom. They are anxiously waiting to see the question finally disposed of. The Republican party now has an opportunity to settle it once and for all. Every good citizen is interested in having it decided promptly and decided right. Congress must not be allowed to temporize and dally with the matter.

Doctors are influential men, and can help by writing to their Congressmen, setting forth their belief in, and desire for, the prompt passage of the gold standard bill before the House. The prompt action of the House will stir up and influence the Senate. Delay is dangerous. As matters are now, our financial policy is in an equivocal position, which is bound to hurt our national credit and standing. Once we have finally accepted the gold standard, which all civilized nations sooner or later adopt as the only safe basis for a sound financial system, we shall become the money center of the world, and experience a prosperity exceeding any that the world has ever known. Such legislation will assure safety to money, and it will flow here in golden streams.

The doctor, lawyer, salaried men, laborers, etc., are more interested than anybody else in an unfluctuating dollar. The man who lives on his income, especially when that income is small, wants to know just what he can calculate on. He doesn't want his few dollars constantly changing in value. As physicians are an unusually intelligent body of men, they will easily realize this for themselves, if they will shut their ears to the politicians' efforts to inflame the passions and confuse judgment. The politician never cares for the real issue. He simply wants to create a sentiment which will elect him, and is not choice about the means employed.

Write to your Congressman, and ask for legislation which will make us a paramount financial power, which will give us an unparalleled era of prosperity, some of which must come to you, and which will make your dollar buy a hundred cents' worth now and for all time.

Get What You Pay for and Pay for What You Get.

Do you get what you pay for? If not, you rob yourself and morally weaken those you deal with. Strong terms, you say, but a spade is a spade, whether gilded, ribbon-wrapped and suspended from the parlor wall as an ornament, or used, in primitive fashion, to turn the soil.

If you buy a coat, and accept the salesman's assurance that it is good quality, fits perfectly and will wear forever, without question, your judgment suffers for want of use, and you encourage that salesman to develop the practice of lying into a fine art.

If you take a street-car ride, and are contented to stand on the step and have your back wrenched every time the car stops and starts, instead of insisting upon the seat you pay for, you do your share to make the Company regard men as human sardines.

If you let your butcher put off on you the cuts and joints which others will not have, you help undermine his sense of justice. If you pay your grocer for creamery butter and fresh eggs, but accept oleomargarine and stale eggs, you place one more obstacle in the way of higher standards of service.

If you pay your taxes, and then neglect to investigate political questions, protest against abuses, and vote for the

man whose character ensures a patriotic administration, you will not get the good government you expect, and need not be surprised or indignant, if it is gradually revolutionized under your very nose. The honest man's neglect is the rogue's opportunity.

If you send your boy or girl to a school which dulls and oppresses the young mind with a crushing weight of lifeless information, you do the cause of education harm.

In all the avenues of thought, in all the departments of activity, the failure to get what we pay for, the effort to shift and ignore individual responsibility, hinders progress, hurts our brother man and ourselves. *We must stand up for our rights.* To accept less than our due puts a temptation before honesty, which many men will not withstand, and the enlightened conscience of to-day can not avail itself of Cain's excuse. *We are each other's keepers.*

On the other hand, we are equally constrained to pay for what we get. Those who serve us have debts to meet, likewise necessities and comforts to buy. If we pay promptly, we can collect promptly. It is a business rule which works both ways. Men instinctively realize its righteousness. Hard, but just, is a familiar expression.

And we must pay, not only our material obligations, but return, in kind, all the courtesies and kindnesses we receive; nor should we ever fail to recognize and commend merit, skill, accomplishment, the effort to do right. The physician who fails to recommend the druggist who keeps the best medicines and never substitutes, does the cause of honesty a hurt not far behind that of the physician who lets his patients patronize the legally-protected cut-throat who dispenses colored waters in lieu of potent remedies for a few cents extra profit.

This short and hastily penned article is pregnant with far-reaching meaning, which every man can think out and apply for himself, if he will. When he does come to realize the extent of his influence, the nature of his responsibility, and tries to live up to the obligations thus imposed upon him, Heaven will be at our doors.

Commercial Greatness.

Commerce is the corner-stone of a nation's greatness. It is the weather-vane which indicates whether that nation is progressing or decaying. With a flourishing and expanding commerce, all the activities of a nation receive new impulses toward growth and development. The arts and sciences depend upon commerce for their subsistence. There can not be much culture where the struggle for bread is made too exacting and strenuous. Yet, when enterprise, manufacture and barter receive a check, stagnate and become depressed, the struggle for existence becomes wolfishly selfish, destructive of the higher nature and its demands.

Commercial greatness is, then, the first essential in national development and progress. However small our individual knowledge of, or interest in the affairs of commerce, we can all understand that it is the distributive system of society, and directly or indirectly supplies the primary needs of all.

It is beginning to dawn on thinking minds that America is on the eve of an unparalleled commercial development made possible by the consequences of the Spanish-American war. Every aging nation should have territory where the pioneer spirit of adventure, which crops up in every age, may find a satisfactory outlet for its undisciplined energies. In an organized society there is no room for such men, and they are as dangerous as unexploded torpedoes.

Horace Greeley's advice to the young man to go West and grow up with the country is no longer possible. With the settlement of Oklahoma the United States could no longer offer its pioneers a chance to make a home under the beloved flag. The accession of Cuba, Porto Rico and the Philippines remedied this lack, and commerce immediately responded to the new demands upon it. Every avenue of trade has felt the new stimulus, and the prospect for a long period of prosperity is good.

With increased commercial activity, ways and means are brought vividly to mind. Wherever the British and American flags have carried the standards and habits of an advanced civilization, we shall acquire a large shipping trade.

It is incumbent on us, therefore, to build and maintain a navy which will compare favorably with that of Great Britain, and do credit to our national size and greatness, in order to protect our carrying trade. *We must have the greatest navy on earth. Our commercial importance can never be assured without it.*

The settlement and development of our new possessions offer great inducements to ambitious young doctors, not only in the way of professional advancement and a certain livelihood, but in the acquisition of means by judicious investments in safe enterprises. In an undeveloped country assured of good government at the hands of a humane and liberal nation like the United States, any practical movement or enterprise, engineered by reliable men, is sure of a future and a steady increase in the value of its securities.

Reliable Drugs.

The MEDICAL BRIEF has made a point of harping on the subject of pure drugs, substitution, etc., and constantly emphasized the vital importance of prescribing reliable remedies. That we have not exaggerated the matter is shown by the proceedings of the last Druggists' Association, held at Buffalo, N. Y., and reported in the *National Druggist* for November.

At this meeting, Mr. Queeney made the following remarks:

Adulteration and deception should have no place where life is at stake; yet I believe facts will bear me out that there is now no commercial line of business—excepting, perhaps, spices—in which so much actual adulteration and deception is practiced as in our line of business. This is a broad statement, but, as before stated, I believe facts related herein as evidence, and the report referred to above will bear me out.

Mr. Queeney told of a house that sent an order to a drug miller for a certain amount of absolutely pure powdered elm bark. The drug miller replied that absolutely pure elm bark was not desirable, was unsatisfactory to the consumer, etc., for which reason it was his habit to add twenty-five per cent of wheat flour to the powdered bark sent out by him. For this reason he did not quote the pure article unless especially desired. He, however, made a quotation, but notified the dealer of the foregoing facts so that he might not be disappointed.

Mr. Queeney claimed that he knew to the contrary of this drug miller's statement; that he (Mr. Q.) had been selling absolutely pure powdered elm bark for years, and that it proves very satisfactory.

Quite recently, he continued, a large manufacturing house declared that it had refused three thousand pounds of ergot in a single week as not up to standard, and also a very large lot of *cannabis indica* for the same reason. What became of these refused goods? The question was asked in a prominent trade journal at the time, but has not yet been answered.

Is this the reason why Bromidia is the only preparation known to the profession, containing cannabis indica, which exhibits the therapeutic action of that drug in its full potency? It is well known that the cannabis indica in Bromidia is a refined, assayed, easily soluble product. Cannabis indica is a valuable drug, which has fallen into disuse, because the impurities in the commercial product prevent its solution and impair its dynamic energy. In Bromidia, it acts admirably.

Continuing, Mr. Queeney intimated that a large proportion of the sandal-wood oil sold as "pure" contained not a trace of the genuine article. This, he said, is the cause of so many failures with the remedy, reported by physicians. *Their patients get no sandal-wood oil when it is prescribed.*

This explains the great success of Sanmetto, and the equal failure of the many substitutes and imitations of this valuable preparation. The imitations contain no *oil*, whereas the makers of Sanmetto buy their raw material on the ground, and know, positively, that it is all it should be. They have acquired special knowledge and trained judgment in selecting the materials from which they extract their famous product, and understand the necessity of keeping it up to the high standard they have set.

Mr. Queeney took up in a similar manner oil of juniper wood, oil of wintergreen, chamomile flowers, socotrine aloes, powdered ipecac root, etc., of all of which he made similar sweeping assertions.

He continued in the same line, declaring that a large percentage of the potassium bromide, potassium iodide and bismuth subnitrate now on the market do not come up to pharmacopœial requirements.

This accounts for the remarkable therapeutic superiority of Peacock's Bromides over commercial mixtures. The former is absolutely pure, freed from all extraneous matter, impurities, irritants, arsenical contamination, etc.

The MEDICAL BRIEF has been accused of favoritism toward the ethpharmal, proprietary medicines, because of its enthusiastic endorsement and recommendation of these fine therapeutic specialties, but the reason for our attitude is not far to seek. *These remedies are really what they claim to be.* A few trials will convince the most skeptical. They succeed and prosper because of the deplorable, yet common, practice of adulterating, substituting and imitating good medicines with counterfeit substances.

The doctor can not make progress, or succeed in his profession, unless he prescribes reliable drugs, and in no way can the MEDICAL BRIEF do more to protect his interests than in constantly reminding him of prevalent abuses in the drug trade, and the imperative necessity that he shall do everything possible to guard against these dangers.

The people have no way of protecting themselves against poor drugs. They must rely implicitly on the doctor. And the doctor, in such a position of trust, can not afford to take anything for granted. He ought to know that cheap drugs are always bad drugs, and teach his patients that they can not afford to economize on *medicines*, but should always get the best. If people can be made to understand that the everlasting cry for something cheap becomes dangerous when applied to food and medicine, druggists will have one temptation less, and doctors a much better chance for success in practice.

Horse Juice.

At a recent meeting of the East St. Louis Medical Society, Dr. H. Hanson introduced the following resolution:

Be it resolved, That it is the sentiment of this, the East St. Louis Medical Society, that, in view of the now universally admitted specific action of the anti-diphtheritic serum in the cure of that fatal malady, diphtheria, any physician refusing to give his patient the benefit of this treatment is, in our opinion, unworthy of our sympathy and is guilty of mistreatment or technical malpractice.

We hasten to say that this remarkable occurrence took place in the commonwealth of Illinois, Republic of America, in the closing year of the nineteenth century. The tenor of the resolution smacks so strongly of medievalism some of our readers may forget where they are at without the reminder of date and place.

The assertion that horse juice is universally admitted to be a specific for diphtheria is absolutely false. Nine-tenths of the medical profession and nine-tenths of the medical journals believe that it is the *carbolic acid* in antitoxin which gives it therapeutic effect, and that the sole action of the horse juice is to poison the blood and weaken the nerves of unfortunate victims of this treatment.

From the four quarters of the civilized globe comes news that serums and so-called antitoxins are being generally discarded in favor of pure solutions of carbolic acid with great success. The *Canada Medical Record* and the *Western Medical Journal* comment, editorially, on the clinical success of carbolic acid in cases where antitoxin is usually employed.

The courageous action of Prof. Bacelli, of the University of Rome, has been followed by many physicians throughout Europe. If the authority-ridden medical circles of Italy, France, Germany, Austria and Russia feel justified in discarding horse-juice therapy, what excuse can be found for the cowardice and ferocious ignorance which, under the shadow of the stars and stripes, resurrects the sentiment of the middle ages to protect the fraud, seeks to rob the individual physician of free judgment and denounces him for failing to use the nasty stuff. It seems to us the shoe is on the other foot. If there is to be any denouncing, it should go to the man who injects tainted horse serum into the life current of a helpless, trusting child.

We hope our readers will follow the example of the BRIEF, which has always fearlessly fought medical abuses, and championed the cause of liberty and progress as well as it knew how. Raise your voice, proclaim your views, do all you can to save Anglo-Saxon medicine from the arrogance and intolerance growing out of the self-constituted dictatorship and misrepresentation of a few would-be leaders.

Some Essentials to Good Health.

Regularity is the first law to health. There can be no order and harmony in the performance of the bodily functions unless the individual will observe regular habits. Nature is confused and perverted by caprice. If the individual rises at a fixed hour each morning and breakfasts at the same time, his stomach and bowels know what to expect, and are prepared for the work of digestion and defecation.

The business of breakfast is a most important one, for it stores the human battery with power for the day's work. A good breakfast gives a man staying qualities, and equips him for almost any emergency likely to occur.

What are the essentials of a proper breakfast? The first, the most important item, is a preliminary meal of fruit—oranges, grapes, apples, cantelope, berries—seasonable fruit in which *juice* predominates over fibre. Fruit juices, taken early on an empty stomach, are converted into alkalies, keep the blood normally alkaline, preventing saturation of the system with uric acid, and warding off the storms of suffering which such saturation provokes.

Fruit juices act as correctives to the digestive organs, whetting the appetite, increasing the secretion of gastric juice, and stimulating peristalsis. Where fruit is eaten every morning, digestion is satisfactory, the bowels natural and regular, the head clear, and an agreeable feeling of general well-being is experienced.

It pays to start the day right by securing the normal action of stomach and bowels. Such a man is an optimist. Satisfied with himself, and well disposed toward the world, his frame of mind is hopeful and enthusiastic. There are no self-created difficulties, obstacles or impediments in his mind, caused by doubt, despair or cynicism, arising from a constipated bowel or torpid liver. The psychology of pessimism is unknown to him.

Too much emphasis can not be laid upon this matter of the preliminary fruit breakfast. If accustomed to eat a small breakfast, lighten the noon lunch and the six o'clock dinner. You will sleep better, and rise with appetite. If the fruit does not appear to agree with you at first, if there are sour belchings and abdominal distension, try a small beginning. Take only an orange, drink the juice and reject the fibre. Persist, and the stomach will adapt itself. Gradually add a bunch of grapes and an apple. You will be surprised at the far-reaching benefit derived from so simple a practice Diathetic and cachectic conditions often yield to it, if the constitution is still sound. Scurvy, rheumatic pains and aches and autointoxication are much benefited by this little procedure.

After the fruit, the usual breakfast of a chop and rolls, omelet, potatoes, coffee, or what not, is in order.

Other essentials to good health are: A regular bedtime, a certain amount of mental work daily, regular but moderate exercise, regular bathing, and a regular amount of recreation and amusement.

The individual who makes systematic provision for all the wants of his nature, has no need for stimulants, nor is he conscious of any such want. Where neglect of these essentials to good health has weakened a person, and a mild tonic is indicated, an ounce of powdered Peruvian bark, calumbo or gentian root in a pint of cold water, allowed to stand twenty-four hours, the clear liquid poured off and given in tablespoonful doses before meals, is an admirable preparation, worth all the alcoholic beverages in existence.

The Antitoxin Failure.

An unbiased and searching investigation conclusively demonstrates that antitoxin is a failure. In Germany, France, Switzerland, Austria, Russia and Great Britain, as well as our own country, the therapeutic record of antitoxin has been *failure*. With all the advantages showered on this base-born child of science—the endorsement of health boards, the free advertising of newspapers, the pushing of manufacturers, the acceptance and enthusiasm of the professional pedant and modish medical man, etc.—the mortality rate of diphtheria, under antitoxin treatment, speaks

for itself. Statistics of cures may be distorted and prejudiced by warring interests, but the most arbitrary disposition can not meddle with, or pervert, the death rate.

In Basle, Switzerland, the death rate from diphtheria is higher, since the introduction of antitoxin, than in any previous year since 1881. In Berlin, the records of the Charity Hospital show a steady increase in the mortality from year to year, since 1894, as a result of the antitoxin treatment. This, too, despite the fact that a large percentage of the cases had the disease in mild form.

In Trieste, nearly every case of diphtheria, occurring during twelve months, was treated with antitoxin, and the number of deaths during this period was greater than ever recorded.

In London and St. Petersburg, the mortality from diphtheria has increased since antitoxin was brought into use. The total number of deaths from this disease in London, from 1886 to 1896, were two thousand and forty-seven, while during the short period included between 1895-97, there were two thousand five hundred and thirty-three deaths. In St. Petersburg, from 1892-94, there were five hundred and seventy-nine deaths, increased under the use of antitoxin to one thousand two hundred and seventy-six. These figures require no comments.

In our own country we find a similar increase in the death rate, where antitoxin is used, over that under other methods of treatment. In Baltimore, Boston, Philadelphia, etc., the record, covering a period of one to three years, with and without antitoxin, shows a decided increase in the death rate under the serum-therapy.

These instances could be multiplied and extended, but it is not necessary. Bearing in mind the increased mortality under antitoxin, and its well-known, authenticated toxic action on the heart, kidneys and blood, no physician is justified in experimenting with the stuff. He knows, positively, that it has done harm, while any good that may follow its use is problematical. If, in his judgment, carbolic acid is indicated, let him give it in a pure form, not contaminated with tainted horse serum. The same physician, who, following authority, injects this filthy substance into the circulation of a sick child, would use the most scrupulous cleanliness and care, insist upon having distilled water, when transfusing a saline solution into the veins of an ex-sanguinated patient. Such is man's inconsistency.

Urethral Injections.

Specific urethritis is famous as a source of infection, a cause of many and varied sufferings. Nevertheless, taken in hand early, it is readily amenable to proper treatment, and can be cured thoroughly and promptly

Strong injections have caused more harm and suffering than *no treatment at all.* Strong injections increase the inflammation and make it extend to adjacent structures. Under the frequent repetition of strong injections, the inflammation becomes so deep-seated that the blood supply is permanently altered, establishing a chronic congestion and catarrhal state, which remains for months or years.

The disease is the result of an acrid poison coming in contact with a very susceptible mucous membrane. The nervous and blood supply of the affected organ is such as to insure a violent reaction to the application of any irritant. To prescribe strong injections is to add fuel to the fire.

Mild and soothing measures are the imperative indications. The following treatment fulfills these indications to the letter, and is endorsed by the experience of nearly all the genito-urinary specialists in this country and Europe.

Put the patient on Sanmetto, a teaspoonful four times daily, and *be sure you get the real thing.* It is a remedy of such merit, and has been so successful, that numerous imitations have been foisted on the doctor, and, unless you know your druggist to be honest, you can not be sure what you are getting. The safest plan, always, is to prescribe an original package. Then order the following antiseptic and gently astringent wash.

℞ Kennedy's White Pinus Can.....1 ounce.
Listerine ..... ½ ounce.
Aquæ .....6½ ounces.

M. Sig: Use sufficient for an injection three times daily.

This is the ideal injection for specific urethritis. It is sufficiently antiseptic and tonically astringent.

The time required for a cure varies with the individual, naturally, but if he carries out instructions carefully, avoiding stimulants, constipation, excesses of any kind, a cure is certain. This is so true, that when a case hangs fire unreasonably, or relapses, the physician may know that the patient is not regular and systematic in the treatment, or has been indulging himself in forbidden ways.

I Object.

Once upon a time, in a village not a thousand miles away, there lived an old man who took an absorbing interest in politics. He never failed to attend all the various conventions which met from time to time to consider political questions. Unfortunately, however, the old man's interest greatly exceeded his understanding. As he always took advantage of the occasion to get drunk he slept through the proceedings, waking at each lull, to rise and make this appropriate and profound remark, "Mr. Chairman, I object."

In some respects, this old man reminds us forcibly of our friend, Mr. Bryan, whose political stock in trade seems to consist entirely of objections to anything and everything that the Administration does or proposes. Whether it is buying up bonds to relieve a financial stringency, or putting down a rebellion in United States territory, Mr. Bryan objects, chronically, without rhyme or reason. It is getting to be an irresistible habit with him. The party in power has only to make a proposition—it matters little what it is—to start up Mr. Bryan's mental clockwork.

We all know by this time that Mr. Bryan is so hungry for office that he can not take his mind from the prize long enough to properly consider the varied and new problems of state, which, from this time on, will make our national policy more and more complex and difficult. But while we sympathize with Mr. Bryan's ambition, we realize that it is ill-placed. As a people, we are too much interested in seeing America take front rank among the nations to risk Mr. Bryan's experiments at government. It might turn out to be another case of bull in the china shop.

It is sad to see what straits a man can be reduced to who automatically pursues one course of action. After awhile there comes to be a maddening monotony about it like that which attends the remarks of a parrot concerning his everlasting cracker, or the persistent chatter of a phonograph.

Have you ever met this curious mental phase in a consulting physician? We do not find many such men among physicians, because, as a rule, they are an able class and have to do some original thinking to keep their bread buttered, but occasionally we run across the man who objects to anything and everything. Whatever treatment you have been using is wrong, your diagnosis is impossible, and any suggestion you may make is immediately pooh-poohed. He simply can not be suited or pleased. He can not agree, or make any concessions, because he is mentally cross-eyed, and constant practice has developed a mania for fault-finding. He may believe he is sincere, seeking only that which is right and true, but he can not see anything straight. His mental vision has warped under his eternal "I object."

Well-Cooked Foods.

Well-done flesh food is much more wholesome and digestible than when eaten raw or in a half-cooked state. It should not be charred, or turned to wood, in the process of cooking, but should be tender and succulent, of a delicate brown color from circumfer ence to center of the roast or joint. Rare meat, served in a bloody juice, may be called cooked by courtesy, but it is not properly done or wholesome.

The intelligent application of dry and moist heat will preserve all the flavor, nutritious qualities and natural juices of meats, and at the same time render the flesh soft, tender, easily digested, while destroying living animalculæ and disease taints.

The use of sauces to disguise the age, quality and condition of meats is also objectionable.

Trichina and tape-worm are common among the nations of Continental Europe, owing to the consumption of *rare and half-done meats*—a practice encouraged by the physicians of those nations. These diseases have been imported into America by immigrants from the Continent who introduced the barbarous custom of eating meats in this disgusting condition.

In the Southern States of America, especially those along the Atlantic seaboard, which the tide of immigration seldom touches, trichinosis and tape-worm are unknown. Neither do the people eat raw or underdone meats.

Physicians who recommend the eating of uncooked or half-cooked flesh, do so under the impression that it is strengthening, that it builds up the animal nature, that because carnivorous animals and aboriginal man ate raw flesh the same practice followed by civilized man will infuse new life into his more delicate constitution.

The idea is fanciful. The strength of savagery is not adapted to present-day needs and conditions. Evolution has left that time and its customs behind. We are as strong as our forbears, but in a different way.

The growth of knowledge has demonstrated conclusively that well-cooked meats are the healthiest. Proper cooking prepares the way for normal digestion and destroys all sources of disease infection. Physicians should give thought to these things and instruct the people correctly. Hygiene and prophylaxis are practical matters dependent upon professional wisdom and connsel for right application.

Nitro-Glycerine.

Our friend, Dr. Brodnax, has a fine article in the November *Medical Summary*, entitled Stimulant *vs.* Sedative. In it he calls attention to the very common mistake of giving nerve sedatives where diffusible stimulants are called for. Such therapeutic blunders occur because physicians are not thoroughly familiar with drug indications.

No intelligent physician would treat the low delirium of typhoid fever, or delirium tremens in a debauched constitution, as he would the delirium which ushers in, say, scarlet fever, if he had that precise knowledge of remedies necessary for skill in practice.

In the first case, we have an exhausted patient, in whom every symptom calls for a diffusible stimulant, which will keep the life-giving blood in active circulation. In such a condition, a sedative cools the smouldering fires of life, as opening the damper does a stove, and still further slows the blood-current. It intensifies the condition which it is given to relieve by aggravating the causes.

On the other hand, diffusible stimulants, such as Celerina and nitro-glycerine, diffuse life and warmth throughout the worn-out frame. These remedies are so mild that no reaction follows, and the gain is a permanent one. Nitro-glycerine and Celerina are especially useful where alcohol is generally given. They produce the same effect on the circulation, flushing the capillary system, and causing a feeling of mild exhilaration. But they are never followed by that nervous irritation and morbid craving which leads to the drink habit.

In the delirium of exhaustion and in the prostration following fevers, debauches, etc., small doses of nitro-glycerine (Dr. Brodnax says one drop every hour), in alternation with teaspoonful doses of Celerina every four hours, will save life and assist the action of other remedies.

But in the delirium of vigorous patients, where there is great circulatory excitement—as shown by the flushed face, glittering eyes, distended nostrils, dry, burning skin and laboring heart—sedatives, such as Peacock's Bromides, gelsemium, Bromidia, Antikamnia, are called for, and act like oil on troubled waters. The Peacock's Bromides will control the tendency to congestion and spasm, the gelsemium start up the glandular system, the Bromidia bring peaceful sleep, and the Antikamnia bank the fires of the fever.

Skill in therapeutics lies in knowing the exact indications for a given remedy and being able to discriminate. It will not do to say always give stimulants in delirium because one or two feeble pa-

tients react well to such treatment, any more than to advise the use of sedatives in every case because your last two or three patients were robust men requiring this kind of medication. The length and character of the disease, the constitution and temperament of patient are all summed up in the *indications* for a remedy, and must be taken into consideration if we would succeed.

Credulity.

A correspondent wants to know if there is any truth in palmistry. No, none whatever. If he will write a pamphlet telling the future of people by examining the soles of the feet, and call it solistry, he will find plenty of believers. It is remarkable, but true, that people can always be found who will believe any fool thing you may tell them. In fact, the more improbable it is, the more readily do they swallow it.

The lines in the palm have no more relation to the future of the individual than have the courses of the stars, yet to both mysterious influences have been ascribed from time immemorial. Any semblance of truth, which may attach to these relics of the black art, is the result of coincidence, or the subtlety of the astrologist, prophet or sooth-sayer in reading human nature, and piecing together such information as he can gather from the person's appearance and conversation.

Credulity is as old as humanity itself. It appears to be fed from an inexhaustible spring of ignorance and superstition. Anything that is marvellous, miraculous, impossible, extraordinary, beyond the rules of every-day experience, appeals to the unthinking mind with a force difficult to understand. Probably the attraction resides in the contrast between these pretentious and unreal mysteries, and the hard, narrow, practical lives of such people, while their ignorance enables them to accept the illusion.

The fortune-tellers, clairvoyants, and similar pretenders, who live upon the credulity of others, are the cause of much suffering, misfortune and ill-health, by their meddling in affairs of which they know nothing, promising help which they do not know how to give, advising their patrons to do fool things, and robbing them of their small savings and hard earnings.

There are sharks and pirates waiting at every turn to catch the ignorant, credulous, unwary man, hard pressed by circumstances, and in much need of a little wholesome counsel. Doctors might do a great deal of good in the world by playing fishers of men occasionally, throwing the light of their superior knowledge on those illegitimate trades, by which the charlatan lives and thrives.

Inoculation of Soldiers.

Our War Department is now considering the question of inoculating the soldiers with a so-called typhoid vaccine, consisting of a definite amount of dead, but still poisonous, microorganisms, as a protection against the fever.

The proposed measure calls for a protest from every physician who loves his calling, and every man of humane mind, as wholly unnecessary, dangerous and cruel. Divested of its scientific pretense and spurious medical features, we should denounce such a procedure as crime, and prosecute the operators as conspirators against the common weal.

Physicians and medical investigators are not wantonly inhuman, we know—not even those who have lived among test-tubes and tortured animals until their sympathies are dried up and their hearts atrophied—but they are just as dangerous. In fact, more so, than men whose moral sense has been undermined by a life of crime, because the closest scientist enjoys the confidence of an undiscriminating public, whereas the criminal lives under the ban of the law.

It is well to look at these things in their true light, however much it may shock our sensibilities.

The same physician, who would be horror-stricken at the suggestion that he inject a poisonous dose of strychnine into a soldier, will complacently inject poisonous organic matter, full of deadly ptomaines, in the name of science.

He knows this injection will be followed by weakness and collapse, perhaps death, as evidences that a terrible onslaught has been made on the patient's vitality. Yet he attempts to justify this barbarous attack on a man's strength by the assertion that it will protect from a disease which the soldier may never have, and which only results from filth and exhaustion.

The soldier is to sacrifice present vitality to prevent a disease which is only a possibility, and which is readily guarded against by proper sanitation and hygiene. Never was there such mad speculation, and in the most precious of human values—health and life. Such an argument, carried to its logical conclusion, would lead us to suppose that, inasmuch as dead men have no diseases, it would be advisable to kill our soldiers and then embalm them. But modern science prefers to embalm them first.

The situation of the soldier should appeal to all that is best in the physician. He is helpless in the hands of the medical authorities. His ignorance of the issue, and his confidence in the medical man are, or should be, irresistible advocates in his behalf. We hope that every doctor who reads this article will let his Congressman know where he stands on this subject. The profession has long enough been silent, and allowed the noisy theorist and the sensation-monger to misrepresent it. It is time to speak out in meetin', and let people know that the great body of practical, progressive workers in medicine are on the side of clean, sane, legitimate methods. It is time to stop abuses of authority, perpetrated in the name of the profession. It is time to rescue medicine from the accumulating disgraces, the growing stigma and obloquy heaped upon it by barbarous practices such as the above.

Rouse yourself, brethren, let the fires of your just indignation kindle, blaze and do effective work. "He that is not for me is against me." Wash away the ever-deepening stain, which will make posterity look back and marvel at the degeneracy, the Dark Ages, which overtook medicine in the last years of the nineteenth century.

The Man Who Works.

The man who works has little to say for himself. Like all great forces he is silent in his operations, and like them, also, is too often ignored in our reckoning. But if, when we look at the orderly, systematic workings of the world about us, we stop to inquire who carries the vast load of responsibility and pays the immense cost of all its manifold activities, we know at once that it is the *man who works*.

Yes, it is the silent, busy, uncomplaining worker, whose head, heart and hands are always employed and always full, who keeps the world going.

It is the worker who pays the taxes, the pensions and the salaries of office-holders. He it is who supports all the charities—hospitals, home and other eleemosynary institutions. It is the worker who furnishes the money expended on social functions, public celebrations, etc. And the hardest worker, the man who carries the heaviest load, is the one who finds time to be a good citizen, to develop and cultivate the public spirit and civic pride which help to make a community prosperous.

The man who works maintains the army and navy which protect our national independence and foster our commerce. The man who works has made education free and universal in America; established great libraries, to which the poorest and meanest have free access.

The man who works does everything and pays for everything that is useful and real.

This applies equally to the capitalist, for wealth is simply stored-up labor. Somebody worked for it, and if, when that somebody died, he gave it to someone else who had not earned it, the character of the wealth remains unchanged. It is still stored-up labor.

The men who are sent to Congress, State Legislatures and Municipal Assemblies are all paid by the man who works. Do they ever think of this when they hatch up unconstitutional and unjust laws to hinder and trammel that worker? Do they ever remember that the governing and judiciary classes of a nation are, by nature, parasitic, and

therefore morally obligated to plan and execute wise and patriotic measures which shall mitigate the worker's peril and strain as far as possible?

Most of us have seen—for it is a common sight—a team of horses where one takes the bit strongly and bears up against the trace, doing all the work, while his companion prances by his side with tossing mane and whisking tail, admired and approved for his looks and spirit by undiscerning observers. But how far and how fast, think you, would that carriage proceed without the horse that worked? And how far and how fast would the car of state go without the man who works?

The farmers, doctors, lawyers, merchants, mechanics, and other workers, who put their shoulders to the wheel; have, by their united labors, given us a wonderful material civilization, an enlightened manner of living, and so developed the higher nature of man that all have a chance for happiness in this life.

Let us honor the man who works and who never thinks to demand or expect recognition or appreciation for himself. And let us strive to requite him by making his task as easy and as pleasant as we can.

Hazing.

Within the past few years, *two deaths* have occurred at Cornell University in connection with the inexcusable practice of hazing. Two promising young lives have been suddenly cut short, and the hearts of relatives and friends crushed, by the thoughtless brutality of their college associates.

It is a serious thing to detach a young man from home influences, and give him the freedom of college life at the most critical period of his existence, without thrusting him into the actual, positive dangers involved in *hazing*. Young men are sometimes maimed for life, or have their minds injured, by the rough handling and mental shock to which they are subjected.

A boy will not complain, of course. He dreads ridicule more than bodily hurt. But to take a young man of the present day, reared under gentle influences and refining associations, and put him through a rough ordeal, entailing a series of unexpected shocks, is quite enough to do him much harm, even if no accident occurs.

A boy at college has no alternative but to join one of the societies. He must submit to the useless and unnecessary trials imposed upon him by the abominable initiatory ceremonies, or be socially ostracized and ignored in all the amusements and recreations of the students. Therefore, public opinion must come to his rescue and demand, as with one voice, that the faculties of colleges take measures to suppress the reprehensible practice of hazing.

After the record of Cornell, any parent who sends his son to this college, or to any college where this relic of barbarism is tolerated, is acting very strangely, to say the least.

Since writing this article, a newspaper dispatch from Princeton, N. J., gives news of the death of a lad at Lawrenceville, as a result of the vicious custom of hazing. How long will parents stand this sort of a thing?

Consumption,

Or phthisis pulmonalis, has always been the bugaboo of the profession, yet it is no more difficult to treat, in the earlier stages, than any other disease, if we tear down the obstacles raised by medical pessimism, and proceed upon true principles of cure.

The lung affection is the result of a disease process beginning in the digestive organs, extending thence to the blood, and making all the secretions of the body morbid. It is the business of the liver, skin, kidneys and lungs to throw out poisons formed in the body. In consumption, food does not *digest* readily, but ferments and putrefies. The liver tries to reduce the poisons thus formed in the imperfectly digested food, and becomes exhausted, constipation follows, the blood is saturated with impurities, which irritate the nervous system to the point of fever, the skin is clogged, the kidneys do what they can, but are hopelessly behind all the time.

Then we have a body saturated with impurities, and all the ordinary channels

for cleansing it blocked up. How shall Nature rid the system of its accumulating refuse? There is one other organ which assists in purifying the blood—the lungs. Nature makes a last effort and the lungs are chronically engorged. A low-grade inflammation is set up, resulting in the formation of a poorly organized lymphoid tissue, which we call tubercle. This tubercle tissue having no function, built up out of organic waste, has little vitality, and soon breaks down to form purulent matter.

It is only after vitality is extinct and caseation occurs, that bacilli appear in the expectorated matter. Wherever there is extensive tissue death, we expect to find scavenger life as a natural sequence. The bacillus is there to perform its lowly office of reducing dead organic matter to simpler forms. The bacillus has had no share in causing that long chain of pathological conditions which terminates in a tubercular lung.

The great primary and predisposing cause of consumption is an extremely sensitive and susceptible nervous system, kept in a state of chronic shock by trifles which pass unnoticed by the more robust. This neurotic condition is often the result of *hereditary alcoholism*.

Analysis of the pathological steps leading to consumption simplifies the treatment. The indications are plain: To improve digestion restore and equalize the normal activity of liver, skin and kidneys. Fewer poisons will then be formed, and such as are will be diverted from the lungs to the bowels, skin and kidneys.

Alcohol is a deadly poison to consumptives, and the excessive use of saccharine and starchy foods must be avoided, as they ferment, generating alcohols and acids in weakened digestive organs.

The best means of hardening the nervous system is the free use of fresh air. Clothe the consumptive warmly in woolen garments, pile his bed with fleecy coverings, place him out of reach of draughts, and then open the windows freely. The oxygen will purify the infected blood in the lungs.

Local treatment of the lungs has given the most favorable results. The inhalation of medicated air brings soothing and vitalizing agents in direct contact with inflamed surfaces, expanding the air-cells and bathing them in healing influences. Formaldehyde and Listerine are the two remedies chiefly employed. Dr. Murrell, the brilliant and progressive English therapeutist, well known to BRIEF readers through his many able communications to this journal, was the first to introduce the Formaldehyde treatment practically to the profession in the May number of BRIEF for 1898, although Continental therapists are claiming the credit of the discovery.

Dr. Murrell's experience with this treatment has been very gratifying, and his satisfaction with the method is sufficient endorsement of its value. Dr. Murrell is no enthusiast, rushing impulsively into print before mature deliberation and experience have set their seal on his convictions. We advise our readers to look up his article and test the inhalation treatment fully, using Formaldehyde and Listerine in alternation.

Sanmetto for Developing Comeliness of Form.

I confess that I have used Sanmetto for years, and always with excellent satisfaction to myself and patients. This case for which I ordered Sanmetto was on the experimental order. Young lady, about twenty-one, and contemplating marriage, to her exceeding sorrow she had no bust development whatever. I wanted to know whether Sanmetto would have any decided effect upon the mammary glands or not. She has taken one and one-half bottles, and bust measure has increased over one inch. The bosom, though small, is now well-formed and firm.—DR. J. F. LOCKE, Long Prairie, Minn., Commander E. T. Wood Post, No. 100, G. A. R., in *Courier-Record of Medicine*.

Chronic Bronchitis.

Dr. F. G. Moore, Boston, Mass., has had very satisfactory results from the use of Papine in chronic bronchitis, the remedy controlling the distressing coughing spells, and enabling the patient to sleep.

[Written for the MEDICAL BRIEF.]

Abnormalities of the Respiratory Organs.

BY EDWARD C. ROTHROCK, M. D.,
Tennessee Colony, Texas.

The lungs are the organs by which the blood is aerated, and are essential to life. By respiration the system is rid of most of the carbonaceous waste, and some water. Oxygen is taken up by the hemoglobin of the red blood corpuscles. These interchanges are caused by air inhaled and exhaled by the sucking power of the diaphragm, intercostal muscles, etc., through the trachea into its terminal air tubes with alveolar dilatations at their termination, over which are spread the pulmonary capillaries.

By respiration the organs are affected by temperature of the air and by minute particles in the inspired air, often producing colds in the first, and irritation, inflammation, and frequently tissue changes from the second, or from both. The respiratory organs are also liable to be affected by other causes, as rheumatism and gout-poison in the system. Bronchitis is very obstinate to yield in rheumatic-gout, diathesis, typhoid fever, measles, small-pox, etc. Bronchitis, acute, exists as a pure and unmixed disease; yet it does occur associated with fever of a distinct remittent type. Malarial influences invest it with a more serious character. Cases prevailing during open winters and spring months, when changes from heat to cold are both sudden and extreme, the seasons of the year productive of malarial poison.

Bronchitis is an inflammation of the mucous membrane of the bronchia, and various grades and varieties of this affection occur according to the acuteness of attack and size of the tubes involved. Its most common form, affecting the large tubes, is catarrh. This catarrhal inflammation is characterized by hyperemic state of mucous tissue of the bronchial tubes and an excessive secretion, which, if continued long, causes a change of texture. Mucous membrane becomes ecchymosed, injected, opaque, swollen, covered with abnormal secretion. The small tubes are frequently closed, so the ingress of air into air-cells is prevented, the blood is poisoned with uneliminated carbon. Hence the skin becomes blue, ashen in color, nose pinched, pointed, eyes dull, respiration superficial; a grave condition that may terminate fatally. This condition frequently exists in infants and young children who are unable to raise the phlegm and clear the obstructed tubes.

If the large tubes are implicated there will be tickling, burning, sore feeling under the sternum, with large ronchi over the breast, loud bronchial breathing. If the small tubes are affected there are vesicular murmurs—sibilant râles, which will be hidden as the large tubes are involved. As the secretion covers the membranes, there are bubbling and whistling sounds; if the secretion is in the larynx or trachea, or large bronchia, the noise is heard all over the chest. Percussion reveals but little in this disease.

There is very little pain attending an attack of bronchitis. The sputa may be streaked with blood, if a severe case, which will be attended with high temperature, and frequently proves fatal to old people and young children. It is frequently of grave form in malarial districts. In chronic cases hypertrophy of mucous membrane takes place, which loses elasticity, bronchial tubes enlarge, frequently forming sacs, bronchiectasis.

Capillary bronchitis is common in children; is seated in the minute bronchi. The obstruction in the lungs is the main element in the dyspnea, tubes are dilated, filled with tenacious pus, often a fibrinous exudation; air vesicles least obstructed are dilated, and, receiving no air, collapse—atelectasis, collapse of lungs. The air vesicles are plugged, exclude the air; the plug gets out, but air can not get into the acni. Hence, collapse is the result.

Bronchitis is often due to heart disease, backing of blood into pulmonary artery and attended by cough. In hypertrophy of the heart, we have a variety of chronic bronchitis with troublesome cough.

Dry catarrh (Lænnec)—A sense of oppression, compact, round, pearly sputa, or perhaps none. Sibilant râles are

heard in any form, one or more bronchi may be plugged with secretion, causing dyspnea and dullness in that portion deprived of air.

It is evident that our treatment of bronchitis must strike at the cause. The treatment of lesions of the bronchi is pretty much the same, but when it is an intercurrent disease, as from heart troubles, gout, rheumatism, etc., then we have to treat the primary disease as well as the secondary one. When malaria is a factor, quinine is not inadmissible, and where the primary trouble is relieved the lung trouble, will improve. Prognosis in the middle-aged, healthy persons, is good. There is a tendency to relapse, uncertain as to duration and very doubtful as to either extreme of life—aged and young. The treatment must not be debilitating. Sometimes an emetic will relieve the dyspnea, remove the asphyxiating cause, produce revulsion, empty the bronchi. Stimulating liniments are of use. Mustard plasters do good; dry cups, turpentine poultices, large hot mush poultice with turpentine sprinkled on it, has a good effect, renewed before cooling—all are of great value in diverting the blood from the parts to the surface. Tonics, stimulants, ammonia, coffee, etc., may be needed. Iodine, steam, vapor of tar, is of great value, and in chronic form is excellent. Atomization of various remedies is frequently of great use. Expectorants are of great benefit in loosening the phlegm.

In the first stages the bronchial mucous membrane is congested, swollen, dry; it is hyperemic secretion arrested, scant and tenacious. Therefore, the treatment should be to relieve the vascular system, to reduce the turgescence, then free secretion can be obtained. Ammonia, squills, or senega, or any stimulating expectorants, would not accomplish this desired end. The agent must be one to affect the circulation, relax the cutaneous vessels, such as ipecac, iodide potassium, asclepias tuberosa, etc. Then the stimulating expectorants are indicated and will do good, but not until the skin is moist and turgescence is subdued. If fever is high, dry skin, fluid extract aconite, one drop every hour, one-eighth to one-fourth drop for children, as to age. As fever reduces, extend to two or three hours. It has great control over inflammation, and should always be used for children. If headache, two to three drops of fluid extract belladonna, every three hours for adults, will relieve. In children when the skin is hot, a painful cough, sleeplessness, starting in sleep, and pain, tincture belladonna one-half to one drop every three hours will relieve and quiet the child. Infants under two years, one-fourth to one-eighth drop would be enough of belladonna. If cough is dry, tight, pain in chest, tincture bryonia one to two drops every two or three hours has a good effect. If suffocation, difficult breathing, tightness of chest, palpitation of heart, thick sputa, digitalis one to two drops, cereus grandiflora two to four drops, is a good remedy, every one or two hours, for children. Adults, five to ten drops of digitalis, ten to twelve drops of cereus.

In advanced stages with excessive accumulation of tough phlegm, vini antimonii has good effect; also carbonated ammonia, hypophosphites are frequently valuable in continued cases. In any case or type of bronchitis, the syrup of sanguinaria will be of benefit. But in capillary bronchitis the syrup of blood root will often act as a charm. Given to children in doses of six to ten drops, one-half to teaspoonful doses for adults when indicated. If in children the stools are thin, yellow, then chionanthus is a good remedy in this condition; so is aromatic syrup of rhubarb, administered to suit age and condition. The tincture or syrup of sanguinaria is one of the best expectorants and can not be excelled. It is a tonic-expectorant, does not irritate or nauseate the stomach if given in proper doses, as some expectorants do. Its action is prompt, certain and harmless, when administered in medicinal doses.

The Best Injection.

Dr. Arnold A. Graham, Redding, Cal., says: S. H. Kennedy's Extract of White Pinus Canadensis, as an injection for gonorrhea, is the best I ever used. It restores natural action, allays irritation of the urethra, and does not injure the mucous membrane.

Vaccination and Small-Box.*

A PHYSICIAN'S ARGUMENT AGAINST THE EFFICACY OF VIRUS INOCULATION.

To the Editor of the News:

SIR.—In commenting upon the fifteenth case of small-pox that has recently appeared in Newark, a gentleman connected with the Board of Health who is known as the Health Officer (whatever that means), has relieved his mind of the acquired idea that "There is the greatest necessity for wholesale vaccination."

Vaccination is the bastard of the pagan practice of inoculation, according to which horrible custom the small-pox poison was introduced into the blood of a healthy person under the delusion of preventing small-pox. Had there been any truth in the superstition it never would have been given up, but the truth is "It was very destructive to the public-at-large, and the general mortality from small-pox was greatly increased." Then Jenner conceived the idea that cow-pox poison introduced into the blood of a human subject would prevent small-pox. Now we have an animal poison, the product of a filth disease, being introduced by law into the blood of healthy, innocent and defenseless children under the assumption, which rests on no principle or law of Nature, that it will prevent small-pox. There are those who claim it is homeopathic, but no poison is or can be homeopathic to a state of health. It would be the heighth of absurdity to give a medicine to a person in a state of health and claim thereby to prevent any disease which he did not get. This is the logic of vaccinationists. There is no evidence to show that vaccination ever prevented a single case of small-pox, while every death report which comes from General Otis shows that our soldiers are dying of small-pox. These were all vaccinated before leaving this country. Every recruit that enters the French army is vaccinated. During the Franco-Prussian war there were twenty-three thousand four hundred and sixty-nine cases of small-pox in that army.

The *London Lancet* of July 15, 1871, said: Of nine thousand three hundred and ninety-two small-pox patients in London hospitals, six thousand eight hundred and fifty-four had been vaccinated. Seventeen and one-half per cent of those attacked died. In the whole country more than one hundred and twenty-two thousand vaccinated persons have suffered from small-pox. In England vaccination was made compulsory in 1853. Since then they have had three small-pox epidemics, viz.: First epidemic 1857–59, deaths fourteen thousand two hundred and forty-four; second epidemic 1863–65, deaths twenty thousand and fifty-nine; third epidemic 1870–72, deaths forty thousand eight hundred and forty. Increase of population from first to second epidemic seven per cent. Increase of small-pox nearly fifty per cent. Increase of population from second to third epidemic ten per cent. Increase of small-pox one hundred and twenty per cent.

Official returns from Germany show that between 1870 and 1885 one million vaccinated persons died from small-pox.

Vaccination means blood poisoning. "The blood is the life" which is thus poisoned in its citadel and the subject is weakened and made the victim of untold misery and often of death. For years the people of England have been protesting against the compulsory vaccination act. Last August that law was repealed. In the United States a free citizen, a taxpayer, is obliged, by law, to have his child's blood poisoned before it can gain entrance to what are called free schools, and this on a dogmatic assumption which has no basis in fact or analogy anywhere in Nature.

Dr. Chas. Creighton, the eminent English physician who wrote the article on vaccination in the ninth edition of the Encyclopedia Brittanica, says: "It is difficult to conceive what will be the excuse for a century of cow-poxing; but it can not be doubted that the practice will appear in as absurd a light to the common sense of the twentieth century as blood-letting now does to us. General cleanliness and purity of blood is our defense against disease."

G. W. HARMAN, M. D.

*The above article is reprinted, by request, from the *Newark* (N. J.) *Evening News.*

[Written for the MEDICAL BRIEF.]

Scalds and Burns.

BY JAMES A. SMITH, M. D.,
Chattoogaville, Ga.

On October 27, 1897, I was called to see Claud H., aged eighteen years, who was scalded by a partial explosion of a steam engine. This young man was severely burned from the middle of his body to his feet; the whole anterior of his body, hands and lower extremities was nearly a solid blister.

I reached the patient within an hour or so after the accident; he was suffering very much with pain, having nervous rigors and hurried, difficult breathing. I at first, of course, removed the wet clothing, warmed him up the best I could by artificial heat, gave him a good dose of morphine, and having no whisky on hand of any kind, I gave him aromatic spirits of ammonia, one teaspoonful as often as I thought necessary.

The boy's father is a Baptist minister, and he is hard down on whisky, and the county they reside in is a "dry" county, and whisky is at a premium down there; so we did not give him any at all, though I thought he needed it. After I got him somewhat over his shock and better composed, I picked the blisters, let out the serum, and there being so much surface involved I applied a heavy coating of bicarbonate of soda all over the affected parts, then saturated cotton batting in carron oil, covered the parts in this, then applied bandages over all this, let this dressing remain a few days; then when we attempted to remove this mess, what a hard and painful time we had! It had stuck hard and fast; it appeared like all that we had done in the way of a dressing had a lifetime lease on the old homestead, but with time, and a long time, too, patience and perseverance, we finally succeeded in getting it all off. After getting this dressing off the whole surface was denuded, red, and as raw as a piece of beef. Disgusted with my first dressing—the fellow then skinned alive, as it were—I dusted iodoform all over the denuded surface, and loosely applied old soft cloths thoroughly saturated in carron oil, changing them as often as the oil was taken up, so as not to adhere to the parts any more. The iodoform and this last treatment did nicely, and we had no more trouble. With a light but nourishing diet, and occasionally a dose of epsom salts, the patient soon recovered, with the proper use of himself. In this case I give the iodoform the credit; the only objection that I could detect was the scent and cost of the stuff, where the surface is so extensive as in this case.

In the summer of 1898 a young man from my place went up to the National Park at Chickamauga, and was working in a livery stable, and one night some of the horses got to behaving badly, and upset a lamp; to save the stable this man picked up the burning lamp and threw it out of the hall; in doing so he burnt one hand very badly, like the case above, burning the entire hand in almost a solid blister. He applied to a physican at the place, who dressed the hand for him with bandages saturated in carron oil; the man came home, and within a few days the dressing was getting in bad shape, and I removed it, picked the remaining blebs, letting out the serum. The burnt surface was raw and very moist, with some tendency to want to suppurate, so I decided to use a dry dressing as an absorbent, and intended to use equal parts of subnitrate of bismuth and boracic acid, but by mistake I picked up the wrong bottle, and dusted the parts thoroughly with equal parts of subnitrate of bismuth and benzoic acid instead of boracic acid as I intended. It made the fellow jump "Jupiter" for a minute or two, but it soon gave him relief, and some two or three applications of this mixture soon cured up the burnt hand. I soon discovered the mistake, but I did not tell the fellow anything about it, but let it go. It was a happy mistake, as I have never found anything any better. My first reason for using this was as an absorbent, as it was a moist wound, and my next reason was honestly as an experiment, and I have no right to regret it, nor any apology to make, as it surely did more than nicely from start to finish.

It is very seldom that I ever make a mistake like the above, and when I do I

do not tell everybody; but I do not mind telling the BRIEF family, for I know that they are all confidential friends, and they can not laugh anyway, for they are all guilty of the same thing. No harm meant, nor insult to anyone.

[Written for the MEDICAL BRIEF.]

Delivery of Placenta.

BY G. M. DEWEY, M. D.,
Keytesville, Mo.

In the December number of the BRIEF, page 1821, Dr. Silas Hubbard, of Hudson, Ill., advises placing the woman in the knee-chest position to remove the placenta. This, it seems to me, is a very unnecessary procedure.

In 1852 I took lectures at the Jefferson Medical College, Philadelphia. Dr. Charles D. Meigs was Professor of Obstetrics. To deliver the placenta, he placed the woman on her back, and with one hand he held the cord "taut," as sailors say, while the other hand was passed up the cord until the placenta was reached; then on pressure being made the placenta would be easily pushed into the pelvic cavity, and then could be easily extracted. At the same time some one should make pressure on the abdomen. From that day till now I have followed this plan with perfect success in many hundred cases. Dr. Meigs called this "unbuttoning the placenta."

Writing about Dr. Meigs, I am reminded of his lectures on post-partum hemorrhage. With a voice that could be heard for two squares, he would say: "I wish I had a voice that could be heard to earth's remotest bounds. I would say: 'Turn out the clot, turn out the clot.'" Up to the present hour I have followed his advice, and have never lost a patient with post-partum hemorrhage.

Whether "up-to-date" or not,
I always do "turn out the clot."

If any reader of the BRIEF has had any experience with Arsenauro, so largely advertised in the BRIEF, for the cure of diabetes mellitus, I wish he would give, in the BRIEF, the result. I have been treating people all my life for this disease with dieting and codeine. Made no cures, only prolonged life.

[Written for the MEDICAL BRIEF.]

Financial Success in Practice.

BY W. T. STROTHER, M. D.,
Alamos, Cal.

In looking over article in July BRIEF from Dr. Wilburn, page 996, I notice that reports in his hands show that thirty-six per cent of physicians, presumably in the United States, have not succeeded financially. That really is a bad showing in a country as rich as this. Yet, I am not greatly surprised at it. The fact is, the physician is very much to blame, and, in many instances, has no one to blame but himself.

The people should be educated to pay their doctor's bills; in fact, should be made to pay them where they are able. In the majority of cases this can be done without recourse to law. Physicians should be business men, men of honor, conscientious men, men of self-respect, of dignity—moral men. Let them render such services as demand remuneration, and in a manner that demands respect and consideration. Send in your bills monthly or quarterly, and insist on the payment of them.

Let there be less rivalry among physicians. I do not think one physician should assume charge of a case that another physician is attending, unless he is satisfied the first physician's bill can be collected. Let a consultation be had, but let the first physician retain the case. If first consultation is not satisfactory, call another consultation with same physician, or another, and if need be, let the two physicians see the case through. Now, a physician may be discharged from a case (bill not arranged for), another called, who in turn may be discharged, and a third one called, or even a fourth. The last is probably paid, and the others get nothing in many instances. The remedy here is with the physician. Every county should have a medical association, which can regulate the above matter, with the assistance of the State Medical Association. When people understand that they must pay their medical bills, and can not lay aside a physician as they please, greater effort will be made to pay them.

I do not believe there are many physicians belonging to a medical association who would not live up to its requirements, and I think the majority of physicians would be members of medical associations.

Again, we find in almost every community some people who are unable to pay their physician anything. These people we willingly attend; but in these cases the supervisor in such district should authorize such physician's attendance, and make it a cost to the county. In many cases the sick would not go to the county poorhouse or county hospital (admitting there was room), and they are too far off for the county physician to attend them, if there be only one in the county.

To summarize: Educate the people to pay; let them understand that they must pay if able; lay aside rivalry and assist your brother physician to collect his bills. Demand respect, and respect others, and insist on payment for services from your county when the patients are unable to pay.

[Written for the MEDICAL BRIEF.]

Diphtheria.

BY EDGAR D. PRESTON, M. D.,
Warren, Pa.

I have read and studied the BRIEF, and like your journal very much. I like the close communion part of it, and think that the nearer editor and physicians get together the better. The physician of the present day needs to be a broad-minded, liberal man, willing to learn from all sources, and who acknowledges that he is only one of an infinite multitude working for the same end.

In the August number of BRIEF, in an article by Dr. Wiggins, of Buffalo, N. Y., on diphtheria, the Doctor makes this remarkable statement: "In my boyhood days diphtheria was not known." Then the learned Doctor must be older than Homer. In the Sixteenth Century it was epidemic in Holland, and was described by P. Forrest. The truth is, diphtheria has existed for centuries. Again, the disciple of Thompson says: "I treat diseases of the throat as I did fifty years ago, and do not remember losing a case in years." The Doctor belongs to that class who treat hundreds of cases of the most malignant diseases known, with no deaths. Again, he proceeds: "I contend that whatever difference there is in the condition of those cases long before diphtheria was discovered (that is before the Doctor knew it was discovered) is produced by treatment; that the false membrane is made by the swabbing and spraying of the throat by caustics—nitrate of silver and tincture muriate of iron." Now, Doctor, is not that a broad statement? How does it happen then that the membrane appears thick and tough, and, like Lazarus, "it stinketh," when the poor sufferer has called in a high-potency homeopathic physician who uses no local treatment? Did his ten thousand to one hundred thousand potency of belladonna or mercury produce the membrane? Away with such nonsense. Wake up, Doctor. Dr. Wiggins is opposed to placarding houses to prevent the spread of the disease, which he says is not contagious. Great Cæsar! Hear his closing peroration: "I do not consider any of the forms of throat disease contagious, and the complications and fatality of this form of disease is made by the treatment. That under a treatment of simple, vegetable remedies, the mortality of diphtheria need not exceed two per cent." Doctors of the United States, what do you think of such statements? Comment further is unnecessary. As lawyers say, "We rest."

Paper Ice-Bags.

Water and ice-bags made of rubber are expensive and not very durable. An improvement in both these respects is now offered in bags made of Japanese rice paper. Several layers of this soft, flexible paper are put together with a thin layer of resin between, and finished on the outside with Japanese lacquer. They are air-tight and water-tight, flexible, as light as feathers, and very durable. When not in use, they can be folded in a small compass; and they have the further advantage of being very cheap.—*Chicago Med. Observer.*

[Written for the MEDICAL BRIEF.]

Various Topics.

BY L. G. DOANE, M. D.,
New York City.

It is pleasant to find a man given to the use of reason, and not influenced by cant or hyperbolic gush. Such a man is H. C. Wood, Jr., of Philadelphia. Listen to him:

1. Carbolic acid gives better results in lockjaw than antitoxin.

2. It should be given hypodermically in sufficiently large doses. Lockjaw produces a tolerance to its use.

3. Local disinfection of the wound should not be neglected.

4. A two per cent solution should be used every two hours. The daily dose should be three grains rapidly increased to ten grains.

We all know and admit that antitoxin would soon decompose and produce blood poisoning if carbolic acid were left out of it, so we naturally ask, Why not use carbolic acid alone, and omit the serum of the poor old horse?

That medical giant, and honorable man, and expert physician, and benevolent doctor, John D. Quackenbos, of New York, again comes to the front with a few remarks upon Christian Science. He evidently forgets that Jesus was a Christian Socialist and not a Christian Scientist, and that he possessed great hypnotic powers. Many admit this, and a few believe that Jesus worked miracles by using his hypnotic powers.

For the benefit of true science all should read what Professor Quackenbos has said, and further investigate the subject:

HYPNOTISM AND MIRACLES.

DR. QUACKENBOS DEFINES ITS POWER—ATTACKS CHRISTIAN SCIENCE.

Members of the Psychic Study Society and their friends filled Metaphysical Hall, 465 Fifth Avenue, last night to hear Dr. John D. Quackenbos, of Columbia University, lecture on "Hypnotism in the Light of Christianity." Dr. Quackenbos, whose lecture before the same body last May on the treatment of moral disease by hypnotic suggestion aroused considerable comment, was introduced by Dr. Henry Frank, General Secretary of the society.

The lecturer argued that the dual nature of man's moral regeneration through hypnotic suggestion and through conversion to Christianity, differed only in degree. In both cases there was an appeal by the penitent for outside help. The difference, he said, was that resulting from the difference between divine intervention in the one case, and the aid of a fallible human medium in the other. The warped mind can be strengthened and straightened, Dr. Quackenbos said, only by judicious suggestion, and he hoped to see existing forms of punishment modified, and suggestive therapeutics recognized as the proper instrumentality for betterment. He disclaimed, however, any desire to substitute auto-suggestion for divine grace or for enlightened faith.

Dr. Quackenbos strongly denied that the miracles of Christ are to be explained by hypnotism, which, he declared, could not have healed organic diseases. He took occasion to condemn Christian Scientists, whose so-called miracles "are unmistakably hypnotic, and thus differ from those of Christ, which they seek to parallel."

In conclusion Dr. Quackenbos argued that, in view of its abuse, the exercise of hypnotism should be restricted by law, under penalty of heavy fine and imprisonment, to reputable physicians.

Speaking of the dual nature of man, prompts me to call the attention of the BRIEF family to Robert Louis Stevenson's masterly story, "Dr. Jekyl and Mr. Hyde." A perusal of it will afford your readers pleasure. Stevenson thought that men had two natures, good and bad, and the great Huxley said: "Dress God's image as we may, train him and subdue him, he is still but an animal." Cuvier said: "We are all animals, but some of us are beasts."

Laxative Lozenges—

R	Powdered Senna	1 ounce.
	Powdered Jalap	1 ounce.
	Powdered Sugar	1 ounce.
	Tamarind Pulp	5 ounces.

M. Cut in lozenges of fifty-five grains each, and coat with melted chocolate.

Children and adults may take two at a dose in the afternoon, as they are not disagreeable. Try them sometime, and you will be well pleased with them. Any druggist can make them for you.

Helps Doctor and Patient.

Dr. W. A. Rothwell, Moberly, Mo., regards Papine as an anodyne and antispasmodic of superior merit. He says: There is not an ache or an ill calling for medicine of its class that Papine may not be used with benefit to the patient and with satisfaction to the Doctor, administered either alone or in combination with other medicines.

Inquiry Department.

Pulmonary Consumption.

QUESTION:—September 29th, 1899, I was called to see Madame Seher, wife of Fahri Beiy, Alay Emini a Palais, dwelling at Scutar. Patient is twenty-two years old, married six years, mother of two children. Family history good; hygienic surroundings of the best.

Patient had influenza four years ago. Has not been well since. Has slept poorly for some months, apprehensive and nervous. Of late menstruation has been growing scanty. Appetite and digestion impaired. Heaviness in stomach with pain. Nervo-sanguine temperament. Constant short cough, with now and then expectoration; hectic flush; frequently recurring febrile movement; hot and red tongue; irritation of stomach and bowels. Right side of chest flattened with sinking between the scapulæ amounting to four and a half inches from above downward. Auscultation, percussion and microscopical examination confirm diagnosis of tubercular consolidation and central cavity. No hemorrhages from lungs.

Physical signs. Gurgling, mucous râles and pectoriloquy over the upper region of both lungs, heard in back and front. Bronchial respiration, bronchophony over upper left and right. Pale, waxy appearance; much emaciated; very weak, unable to sit up more than a half hour or so at a time. Bowels tender; expectoration copious, cheesy, and teeming with bacili. Pulse, small, thready, one hundred and twelve; respiration, thirty; temperature, 102° F.; persistent anorexia; dull and sleepy. I prescribed the following treatment, under which patient improved moderately; cough disappeared; general health was better, and patient gained some two pounds in weight:

On September 29th, 1899, I prescribed the following:

℞ Glycerophosphate de Chaux ..... 10 grammes.
Hemoglobin ..... 5 grammes.
Ferri Phosphatis ..... 2.50 centigrammes.
Quassin Cryst. (Merck) .. 0.05 centigrammes.
Nitrate de Strychnine .... 0.05 centigrammes.
Ext. de Kola ..... q. s.

M. Ft. pilules Nr. 100. Argenti. Sig.: Three pilules par jour apres les repas.

℞ Euquinine ..... 8 grammes.
Ext. Yerba Santa fl. ..... 20 grammes.
Ext. Grindelia Robusta fl. ..... 20 grammes.
Ext. Quebracho fl. ..... 5 grammes.
Glycerine ..... q. s., ad ..... 100 grammes.

M. Ft. Mist. Sig.: Three cuillerees a cafe par jour avant les repas one heur.

℞ Benzoate de Guaiacol .. 0.15 centigrammes.
Benzoate de Soude ..... 0.10 centigrammes.
Codeine Phosphatis ..... 0.01 centigrammes.
Soda Bicarb ..... 0.25 centigrammes.

M. Pour un paquet. Donne semblables Nr. 24. Sig.: Three paquet par jour apres les repas two heures.

℞ Guaiacol ..... 8 grammes.
Ext. Bellad. ..... 0.50 centigrammes.
Ext. Cigue ..... 0.50 centigrammes.
Ext. Opii ..... 0.25 centigrammes.
Lanoline et Axonge, aa .. 30 grammes.

Ft. Pomade: Usage, externe.

On October 9th, 1899:

℞ Lalor's Phosphodyne ..... 1 bottle.

Sig.: Three tablespoonfuls per day, five minutes before meals.

℞ Quassin Cryst. ..... 0.05 centigrammes.
Benzoate de Guaiacol .. 15 grammes.
Glycerophosphate de Chaux ..... 8 grammes.
Heroin (Merck) ..... 0.25 centigrammes.
Aristol, Pwd. ..... 6 grammes.
Bicarbonate de Soude (curling) ..... 10 grammes.

M. Ft. Paquet Nr. 60. Sig.: Three paquet par jour apres les repas two heures.

Hereafter I wish to prescribe the following: What do you say? Shall I prescribe it or not?

℞ Phosphor. Pur. ..... 0.05 centigrammes.
Quinine Sulph. ..... 2.50 centigrammes.
Pulv. Digitalis ..... 2.50 centigrammes.
Pulv. Ipecac ..... 1.25 centigrammes.
Pulv. Opii ..... 1.25 centigrammes.
Ext. Hyoscyamus ..... 5 grammes.

M. Ft. Pilules Nr. 100. Toluisee. Sig.: Three pilules par jour au moment les repas.

℞ Scott's Emulsion ..... 1 bottle

Sig.: One drachm ter die up to tablespoonful ter die post cibas.

℞ Fellows' Syrup ..... 8 ounces.
Ext. fl. Cactus Grandifloris. ..... 2 drachms.

M. Ft. Syrup. Sig.: Three teaspoonfuls per day, at meals.

℞ Protonuclein (Reed et Carnrick) 8 drachms.
Benzoate de Guaiacol ..... 5 drachms.
Chlorhydrate de Hydrastin ..... 20 grains.
Peronin (Merck) ..... 12 grains.

M. Ft. Paquet Nr. 60. Sig.: Three paquets par jour.

℞ Ferratin ..... 8 grammes.

Ft. cachet Nr. 8. Sig.: Three par jour apres les repas.

℞ Sodii Hypophosphitis ..... 2 grains.
Calcis Hypophosphitis ..... 2 grains.
Potasii Hypophosphitis ..... 2 grains.
Mangani Hypophosphitis ..... 2 grains.
Quinini Hypophosphitis ..... 2 grains.
Ferri Lactas ..... 2 grains.
Acid, Arseniosium ..... 1/8 grain.
Strychniæ Hypophosphitis ..... 1/8 grain.
Glycerine and Spts. Frumenti, aa, q. s., ad. fl. ..... 1 ounce.

And the last prescription is this:

The inhalation of chlorine gas and the use of iodine and chloride of gold and sodium hypodermically in the treatment of pulmonary consumption and the compound oxygen inhalation treatment.

On the treatment herein given, patient is improving up to the present; but I hope the Editor and the BRIEF readers will give me their ideas and treatment. D. F. BRIGHT, M. D.

Constantinople Turkey, Koum Kapou, Bali Pacha, No. 2.

ANSWER.—We should give this patient a teaspoonful of Aletris Cordial before meals and a teaspoonful of Seng after meals, with inhalations of formic aldehyde, according to directions of Dr. William Murrell in May BRIEF for 1899.

It is not wise to give too much medicine in this disease, as it disorders the stomach and exhausts the nervous system. The above remedies are mild and act in accordance with Nature's methods.

It will do no harm to apply constant gentle counter-irritation to the base of brain, as the pneumo-gastric nerve often suffers severely in influenza, and it is the pneumo-gastric which governs the digestive and respiratory functions and other organic activities. This great and very important nerve is left in a weakened, irritable, congested state, which counter-irritation to base of brain helps to relieve at its origin.

Persevere with the above remedies as long as may be necessary. Do not expect immediate results. A patient who has been four years going down hill can not expect to get to the top in a few weeks. Better results will be obtained from the thorough trial of the above treatment, which is endorsed by the experience of many able physicians, than the hasty trial of numerous remedies. Constant changes in treatment are trying to patient's constitution and confusing to the doctor's mind.—ED.

Erysipelas of Leg.

QUESTION:—Thirty-three years ago the patient was delivered of her first child, and six weeks' siege of "milk leg" in one leg, from hip to toe, was the result. That leg has since looked larger than the other, and she has complained of a "heavy feeling" in it, especially after being a long time on her feet. She has always been a large, healthy woman.

Three months ago patient blistered the heel of that foot with a new shoe. It became inflamed and she applied carbolic acid, diluted, which blistered the whole surface it touched. Since then the inflammation has spread until it now reaches half way to the knee, and has broken out in sores, ulcers, that seem to "eat," are exceedingly sensitive, and discharge a quantity of yellowish, bloody water, while the whole leg from knee to toes is very much swollen and very painful, at times almost unbearable, when it aches and burns intensely.

Has tried a number of local remedies, and taken two or three bottles of sarsaparilla, all to no good. She is fifty-eight years old, general health good, appetite fair, but is losing flesh from pain and loss of sleep. Now, if you will diagnose the case and suggest a remedy I will be grateful to you. MRS. DR. D.
Alabama.

ANSWER:—The leg has been in a state of congestion for years and only required an exciting cause to break out in active disease. We recommend that the entire leg up to knee be immersed in hot water, made strongly alkaline with cooking soda, for thirty minutes daily, then dry limb by dabbing lightly with a soft towel, saturate a bandage of antiseptic gauze with pure Ecthol and roll the leg in it snugly, beginning at toes and going all the way up. Keep this bandage wet with Ecthol, and put the leg at rest on an inclined plane, so that the foot is higher than the hip-joint. Purge her well with epsom salts three times a week and give her one-twentieth grain arsenic iodide in a teaspoonful of Ecthol three times daily. Give a teaspoonful of Bromidia in a glass of water every other night at bedtime, as sound sleep makes up the ravages caused by pain, and it is unwise to start the practice of giving opiates in a trouble which may require prolonged treatment to effect a cure.—ED.

Over-Secretion of Milk.

QUESTION:—Since the birth of baby, five weeks ago, patient has been bothered with constant flow of milk. Clothes are wet or damp all the time. Please give a remedy; something to try on nipples. W. H. M.
Virginia.

ANSWER:—The secretion of milk is usually excessive at first, being little more than water, and the child's capacity for taking nourishment limited, but the secreting power of the gland soon adapts itself to the needs of the child, which constantly increase, of course.

We advise that nothing be done to check the flow of milk, unless the trouble proves chronic. The patient may wear glass cups to catch the overflow and keep clothing dry. If the trouble hangs on, a little camphor rubbed on the breast, or painting the nipples with compound tincture benzoin, with a teaspoonful of Sanmetto three times daily to increase kidney action, will regulate the trouble; but drastic measures may result in drying up the breast, or even cause mastitis.—ED.

Somnambulism from Malaria.

QUESTION:—A girl, ten years of age, commenced, during last May, to go to sleep in the daytime, and all efforts to arouse her were of no avail. For instance, her father would throw water on her when she would take those spells, and she would only flinch from the water, but would not wake up until she seem-

ingly got over the spells, which lasted from one hour to four. She falls asleep just as an ordinary person does when he goes to bed. She will lie down for fifteen or twenty minutes and then commence to kick around, rise and work about the house, and go out of doors and not fall. If you tell her to open her eyes she will pull the lids apart, and then she will shut them again. She can not keep them open. She, seemingly, in a half-way, coma-vigil style manner, remembers when you are talking to her in this sleepy condition, but when she gets over the sleepy spell she does not remember anything that has transpired during the sleepy condition. She might say: "Where am I?" The spells have continued ever since last May, and perhaps the spells are getting longer now than ever. During the last ten days she has had two long spells, one of which lasted four hours, commencing at one P. M. and lasting till five or six P. M. The girl looks, in every way, red and healthy. No family history of a bad character at all. She has three or four sisters, all in perfect health. What is the matter with her, Doctor? Is she a somnambulist? Given her tonics of all kinds, regulated her bowels, etc. I forgot to mention that she complains occasionally of a pain in the breast. No other symptoms at all. She does not have those symptoms at night at all. R. C. S., M. D.
Missouri.

ANSWER:—We believe the trouble is due to a periodical daily increase of blood in the brain, temporarily overpowering higher centres of consciousness. Every organ has its physiological ebb and flood tide of circulation. That of the brain is nearest normal in the morning, steadily rises and reaches its flood during the afternoon, approaching fever or exhaustion as night draws on, according to temperament. In this case the condition is much exaggerated by the prevalence of malaria-breeding conditions. Periodic congestion of brain is sometimes the only symptom of malaria. If the skin is dry and extremities cold the diagnosis is certain. In Africa, where malaria abounds and the nervous system is very susceptible and has small resisting powers, congestion of the brain gives rise to the "sleeping sickness," the patient becoming harder and harder to rouse, and usually dying inside of six months.

Restore the action of the skin and diminish brain circulation. Put child in a hot pack when the sleepy spells come on and give diffusible stimulants—one-drop doses nitro-glycerine every hour or so, or if she is robust and strong a small dose of pilocarpine to increase sweating. Then give two grains quinine, one-five hundredth grain atropia sulphate, and one-quarter grain dried ferrous sulphate, in capsules, three times daily, with thirty drops Bromidia in a glass of Vichy water at bedtime every other night. Use enemas to move bowels daily.

Do not discuss the child's condition before her. Employ suggestion the other way to induce her to combat the trouble. Somnambulism is not uncommon in nervous girls nearing puberty.—ED.

Paralysis Following Typhoid Fever.

QUESTION:—Give me your opinion as to the result of a case I have under treatment; also treatment you would recommend.

A young man of about twenty years, whom in health weighed one hundred and seventy pounds, developed typhoid fever, apparently a mild type, with temperature running from 101° to 103° F., seldom above 102°. In the third week complete muscular paralysis set up. Bowels had to be moved by enemas, and bladder evacuated by catheter. The fever continued one week longer, making four weeks in all. At the end of a week bowels and bladder responded to treatment, and have been tolerably regular since, though a little sluggish.

It has now been eight weeks since he was taken with the fever, and five weeks since the paralysis set up. For two weeks he was helpless as an infant. Can rouse, by considerable effort, raise right arm from bed to his head, when lying down, and shake his hand sufficient to keep off flies, but has no control over left arm or lower extremities. My treatment during the fever was arseniate strychnia, quinia and salol, keeping secretions aroused occasionally with calomel and ipecac. Used fluid extract gelsemium as an antipyretic when fever ran high, which was seldom.

I now have him on Fellows' Compound Syrup Hypophosphites, beef, iron and wine, and one evacuant pill containing one-fourth grain of aloes, one-sixtieth grain of strychnine, one-eighth grain of belladonna, one-eighth grain of ipecac three times daily. Is the treatment good? Will he ever entirely recover? Would electricity be applicable? Sensation good. Some hyperesthesia of skin. His mind is all right. He is jovial and gaining flesh. Appetite and digestion good. Diagnosis: paralysis, complete muscular, a sequel of typhoid fever. Am I correct? T. J. TAYLOR, M. D.
Milton, Texas.

ANSWER:—We think the paralysis is purely symptomatic, due to functional depression of the cord, and will pass off gradually. The indicated treatment is to give diffusible stimulants, which will

excessive sensibility and vital waste which are the conditions that allow the disease to develop. The intelligent use of the will-power has much to do with warding off consumption.—ED.

Laryngitis.

QUESTION:—I have a chronic ailment which is giving me much trouble and annoyance, and I will be very thankful to have you, and the many readers of the good old BRIEF, suggest something which will give me relief. I was an officer during the civil war. I suffered a great deal with malarial fever, chronic diarrhea, and dysentery during the service. I also have suffered more or less from same troubles since I came home and have never been well and strong as before.

Three years ago I had a severe attack of la grippe, followed by a painful attack of acute inflammatory rheumatism. Still later I suffered more severe pain and much longer time with rheumatic iritis, with ulceration of the cornea. I am now fairly well of the rheumatism and the effects of the iritis, but the cough still follows me, and although better at times, the least little cold brings it back. It resembles laryngitis, with ulceration about the epiglottis, and perhaps a little below the epiglottis, in the throat. If I have no cold I sleep pretty well at night without taking medicine, but if I cough much a one-half grain tablet of codeine gives me the most relief. When I begin to stir in the morning I begin to cough and continue to do so until I can raise a thick, heavy substance which will sink in water and looks as though it came off an indolent ulcer. This is preceded and followed by a little frothy mucus. Sometimes a severe tickling will start in my throat, and this brings on a violent coughing spell which is so severe I cannot stop for a minute or two, even to take a little water, or medicine, and can scarce catch my breath. I have had a comparatively weak heart for years, and during these fits of coughing the heart is very weak and pulsations quick.

I should say my age is sixty-eight. Will be pleased to have you, and all your readers, answer through the BRIEF, or by private letter.

California. A. THOMPSON, M. D.

ANSWER:—Get a *good* tincture collinsonia canadensis and take twenty drops four times daily in alternation with

℞ Tinct. Nuc. Vom..... ½ ounce.
Atropiæ Sulph..... ⅛ grain.
Sanmetto.....q. s. ad .....8 ounces.

M. Sig.: Teaspoonful three times daily. Apply flying blisters to nape of neck.

Small doses of nitro-glycerine or inhalations nitrite of amyl will usually control severe coughing fits which may cause rupture of blood-vessel.

Keep bowels soluble and moving daily. —ED.

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Diarrhea.

QUESTION:—I have read the BRIEF with pleasure and profit. I enclose one dollar for the year. The Inquiry Department has especially pleased me. May I ask aid in the following case?

Mr. P., aged fifty-eight, five feet eight inches tall; weight, one hundred and fifty-four pounds; white, temperate; has been afflicted with copious stools for about a year. Sometimes will have four daily, and some days but one. Color of stools—clay, inclined to greyish, some mucus at times, and of consistency of mush. Pain in abdomen before each evacuation. Is of nervous temperament, apprehensive and suffers from an irregular heart action, which at times becomes rapid and precipitous. Disturbed rest. Has a sallow appearance and inclined to worry. Had an attack of pneumonia last winter and made a good recovery. Has no organic lesions that I can discover. Appetite good, but has been on a restricted diet for some months. Has not lost flesh, but on the contrary has gained slightly. Nothing seems to change the character nor to lessen the frequency and copiousness of the evacuations but morphia. This will check them, but only temporarily. Am now giving peptoman, iron with Listerine, bismuth and Lactopeptine, chloral with the triple bromides at bedtime. Morphia, one-fourth grain, as required. What shall I do to cure? S. S. D., M. D.

Maryland.

ANSWER:—This is a putrefactive diarrhea. The liver is not doing its duty, and it is possible there is a cold ulcer in stomach or duodenum acting as a peristaltic irritant. Assimilation is impaired, as shown by gain in flesh.

℞ Liq. Pot. Ars. ..... 2 drachms.
Podophyllin ..... 2 grains.
Seng ..... 2 ounces.
Chionia ..... q. s. ad ..... 8 ounces.

M. Sig.: Shake and take a teaspoonful after meals.

Give him no flesh food for a time, but use fruit juices with toast, well cooked rice, Horlick's Malted Milk, Mellin's Food, and similar products. Apply mild counter-irritation to the abdomen and lower spine, having him wear a flannel abdominal bandage all the time.—ED.

Cervico-Brachial Neuralgia.

QUESTION:—I am deeply interested in the following case, and shall call on the BRIEF and its readers for help. The symptoms, etc., I give below the best I can:

A boy eleven years old, weight while in good health one hundred and eighteen pounds, has always been in the best of health and was never sick, or even complained of anything, until about two years ago he began to complain of pain around his heart. At times, he would make considerable complaint, and then probably not be troubled in this way for some few days. He complained in this way for two years, and has not lost flesh or showed any signs of debility up to this last month. He now complains of pain in his left side just under his ribs, and pain in his left arm, numbness, and somewhat stiffened. Looks pale and has lost some flesh. Appetite bad, only eats a small amount of food, but is thirsty, and wants something sour; bowels very regular. This boy has always been a hearty eater and has enjoyed excellent health. Never had measles, mumps, whooping cough, or any other disease, until now. Parents healthy. No consumption, or anything of this nature, on either side. He is very large for his age and fleshy. If I can get any help from any of the BRIEF readers I will be under many obligations, as this is my own son.

I failed to state that this boy has ringing noises in his ears also. T. A. COOK, M. D.

Democrat, Ky.

ANSWER:—The trouble is neuralgia. There is a congestion at base of brain, running down the upper spine, disturbing function of upper spinal nerves. Look for painful spots between mastoid process and upper vertebra and along spine. Diagnosis confirmed by roaring in ears. Give a capsule containing two grains quinine, one five-hundredth grain atropine and one-fourth grain ferrous sulphate, three times daily, in alternation with teaspoonful doses of Celerina, and use gentle counter-irritation to occiput and spine. General massage of the body with oil at bedtime will help to relieve congestion of nerve centers and restore equilibrium of circulation.

Put thermometer under his tongue and see if there is a degree or so of fever. Give strong lemonade, and oranges, grapes and apples, all he will eat. Rheumatic pains common in growing children. Fruit, frequent warm baths and rubbing best curative agents. Must have some fresh air exercise every day.—ED.

Information Wanted.

QUESTION:—Because I know that my request will reach the largest number of readers in the shortest time, I write to ask if you will kindly request your readers to address me with any information they may have bearing upon the question of "Vibration" as essence of life, or the animating force in nature. This includes vibrations as related to, or existing in, the form of sound, light, magnetism, or purely mechanical vibration. The subject is an abstruse one, but, undoubtedly, some of your readers will be

(Continued on page 98.)

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[Written for the MEDICAL BRIEF.]

Megrim.

BY A. LOCKHART GILLESPIE,
M. D., F. R. C. P. ED., F. R. S. ED.,
Medical Registrar in the Royal Infirmary, Edinburgh; Examiner in Materia Medica to the Royal College of Physicians of Edinburgh.
Edinburgh, Scotland.

Among the various forms of disease to which our bodies are subject, a certain number there are which seem to be regarded by the victims in the light of ordinary everyday occurrences, annoying and disagreeable no doubt, but only what is to be expected by the majority of suffering mankind, and not of sufficient importance to call for treatment. Megrim may be classed among them. How often do we not hear it stated, "Oh, So and So could not come, she has one of her sick headaches;" or to our question as to the health of a friend get the reply: "I am quite well, only have had a sick headache." Possibly the term is often employed to cover many other conditions, notably by women; but the frequency of the excuse and the slight importance paid to the announcement of the cause, serve to illustrate popular conceptions as to the slight significance attaching to megrim attacks.

It is an interesting fact that in Edinburgh, at least, very few patients apply for hospital in-or-out treatment for migraine alone. Out of thirty-five thousand three hundred and forty-six patients treated in the medical wards of the Edinburgh Royal Infirmary from October, 1891, to October, 1898, only nine are recorded as having suffered from this disease alone; that is, only one in three thousand eight hundred and seventeen sought or was given treatment, or 0.025 per cent. Among the medical out patients, averaging at least nine thousand five hundred a year, or about sixty-six thousand, I can find very few diagnoses entered of megrim. There can be no doubt that many of those applying for treatment or advice for other troubles, also suffered from sick headaches, but attached little importance to them, imagining them to be migraine. Hemicrania, sick headache, vertigo, megrim, are synonymous terms applied to a train of symptoms as common as they are peculiar, as distressing

as they are common. Obviously of nervous causation, often independent of digestive disturbances, the symptoms are so intimately connected with those procedures common to gastric and hepatic upheavals, that they have come to be associated with these organs. But the sufferer from the severest forms of gastric dyspepsia, the yellowest victim of catarrhal jaundice, the subject of hepatic congestion or of duodenal antiperistalsis, who vomits bilious matters, or the obstinately constipated, do not necessarily undergo the torments of a megrim. *Per contra*, the individual who experiences migranous attacks may have no dyspepsia, no liver fault, no excessive obstipation. The first class suffer from the effects of local digestive disorders; the second from a more or less general affection of their nervous mechanism.

All that is necessary to assume is that some conditions of the circulating fluids of the individual organs, or of the nervous system as a whole, able to produce the special state of irritability and local paranoia of the nervous tissues concerned in migranous attacks, must be present. Attacks of migraine can be separated into one or more classes:

1. The accidental paroxysm occurring at rare intervals, irregularly, perhaps only once in a lifetime; an accompaniment of some acute dyspeptic or hepatic condition. This is truly a digestive sick headache.

2. The similar variety occasionally met with after severe exertion, especially on insufficient food and in the untrained. The acute form of metabolic migraine.

3. The common, one might almost say the family variety of migraine, due to chronic auto-intoxication and deficient exercise. The chronic form of metabolic migraine.

4. The functional or neurotic form, akin to epilepsy rather than to hysteria, possibly in part and to a lesser degree due to conditions similar to those in number three, and aroused by slighter stimuli.

In men, I believe, attacks of hemicrania almost always indicate inefficient metabolic processes, primarily in excretion, secondarily in anabolic and assimilative actions, and often appear when their manner of life alters; for instance, when they pass from school to office stool, or from play-ground to student's class-room bench and midnight oil. I am, perhaps, inclined to attribute greater significance to the results of indoor employment as the casual agent in many cases of megrim, because my own attacks arose from this, and because I have seen complete recovery take place, after prolonged treatment by other methods had failed, when energetic non-medicinal measures were adopted *con amore*.

Latham, in his classical work upon megrim, christened a paroxysm a "nerve storm," a complete definition and a comprehensive description in itself.

Before the storm a calm, before the megrim attack comes a period of especially bright mental weather. As the mercury begins to dip, cirrus clouds, followed shortly by stratus, partially veils the sky in the eye of the rising wind, hinting at the coming stress; so a cloud advances over a portion of the visual field, frequently obscuring in time a full half of it, foretelling, in more abrupt fashion than the meteorological omens can, the onset of a "nerve storm." Still later the phenomena, atmospheric and ocular, may further coincide; the lightning of the thunder cloud, a prototype of the zig-zag bright lines and flashes of light, albeit that these are more akin in color scheme to the rainbow than the electric spark, often disposed after the manner of the outlines of one of Vanban's medieval fortification plans. The nervous and atmospheric pressure still falls, the air feels oppressive, and so the brain, until the crisis approaches, the glass stops falling, begins to rise; the atmosphere is freshened by discharge of rain, the nervous system by some critical evacuation or excretion, by vomiting, free perspiration, evacuation of the bowels, or copious discharge of urine.

The recovery of normal pressure is usually more rapid in nature than in the body, but profound sleep, as a rule, supervenes, and after a shorter or longer period the nervous isobars resume an anticyclonic type, and the condition is once more "set fair."

In those cases belonging to the first two classes, the digestive sick headache

and the acute metabolic megrim, the cyclonic disturbance in the nervous atmosphere is like unto the sudden cyclones of America, and tropical regions—short, sharp, occasional. Those belonging to the other two classes correspond more to the regular barometric depressions which are necessarily born over the oceans, owing to the variations in temperature of the ocean currents, the air above them, and the earth's revolutions.

That the involvment of the nervous system is by no means a mere reflex result of local irritation of the nerve endings in the mucous membrane of the stomach or small bowel, is shown by the frequent absence of any sign or symptom other than the megrim itself pointing to digestive disturbance in these organs, and by the not uncommon occurrences of symptoms of profounder nervous affections, either during the latter stages of a paroxysm, or, and this more often, post-paroxysmal, such symptoms as aphasia, slight mental confusion, temporary anesthesia over various areas of the body surface, even paresis and slight ataxia.

In dogmatizing as to the etiology of affections such as migraine, one must needs beware of narrowness of view. The nearest approach to truth in controversial subjects is best made by taking a middle course, nor is it well to assume that any one disease is always the result of one invariable cause. Migraine is a case in point. The combinations of symptoms undoubtedly vary, often widely, but the symptoms themselves denote nervous disturbances of a special type, affecting a larger or smaller region in a greater or lesser degree. The primary source of this disturbance in portions of the nervous system, can not, however, be particularly assigned to only one cause, or even to one class of lesions.

Now as to my personal experiences. I was first attacked with megrim after leaving school and beginning university work. Every three weeks or so one would occur, except when I was on holiday and led an open-air life. Was treated in the ordinarily approved style with cholagogues and cathartics, but though lighter in weight still suffered. But, having read Latham's treatise, I foreswore medicines, and began climbing a hill of eight hundred feet in the outskirts of Edinburgh and in a hurry, four or five times a week throughout each session, during an off hour between classes. No megrim has ever troubled me since then, save once when, after a fifteen miles' walk in the Highlands, the place at which I had expected to be able to get some food I found closed, and the second fifteen miles on a tightened belt proved sufficient to bring on what was but a slight attack. In this last case the true cause, very probably, is to be found in an excess of the products of muscular waste, in a somewhat starved blood stream. The physical exercise of surmounting the hill referred to, more than a mile and a quarter from the university, with an ascent of nearly six hundred feet from the lowest point touched, and in returning in forty-five minutes or under, was considerable.

Some time back I had occasion to treat a schoolmaster, newly come from another institution, who for two or three years had been a victim of hemicranial attacks about every fortnight, their first appearance coinciding with his introduction to the duties of his office. He was of bilious temperament, whatever that may imply, in so far that his skin was sallow, and that he had had several mild attacks of catarrhal jaundice; since then he has suffered from several of the same, but the catarrhal affections of his liver did not appear to have any relationship whatsoever with his migrainous bouts. He had previously endured much physicking and stimulation of his liver, with no good result on his sick headaches.

As instructed, he desisted from all drug-taking; put on as many layers of flannels, sweaters, old clothes, as he could place atop one another, an overcoat above these, and every afternoon during an hour's respite from duty, proceeded to cover two or three miles at a smart running pace, which, while well within his powers of endurance as to both distance and rate, produced in him a distinct feeling of having done some hard work, and of having caused a free secretion of sweat.

On return he disrobed, took a cold plunge, a rub-down with a rough towel,

dressed and rested on a couch until his time for duty arrived. This patient only experienced one attack after commencing his daily run, and that occurred during the first fortnight and was very slight. He has had no further recurrence, although for a year past no special form of exercise has been taken. Nevertheless he has, since the megrim ceased, shown symptoms of liver disturbance, has been bilious, jaundiced, and cholemic, without any trace of a nerve storm initiated or brought to a point by it.

In him a sharp daily burst of active exercise, sufficient to cause fatigue, but not enough to over-tire him, stopped his attacks. Nor did they recur afterwards.

If this patient had been recommended to take daily constitutionals at his own pace, in the open air, it is almost certain that he still would be subject to megrim. Constitutionals, as a rule, are fraudulent proceedings. They savor so much of "needs must;" they tend to remind the actor that he is unhealthy, and during their monotonous performances great opportunities are offered for introspective brooding, and they seldom are productive of any marked muscular exertion, for walking at the ordinary "constitutional-by-order" pace requires little expenditure of energy. Energetic exertion, short and sharp, is productive of greater benefit to migrainous patients, and also to dyspeptics, if carried out in a natural manner in the open air, than any sedate constitutional or indoor employment of dumbells, Indian clubs, and their allies.

The facts in the case illustrate very plainly some of the points I wish to refer to, and closely reproduce the salient features of various other cases which have come under my observation. No clear relationship between the occurrence of the attacks and any definite exciting factor could be traced; but every fortnight or thereabout, his indoor life and the mental strain imposed on him in the teaching of children, led to accumulation of effete metabolic products in his blood and tissues, probably also to increased irritability of his cerebral centers, until what time the nervous mechanism, stimulated no doubt at first, and so causing the precedent feeling of well-being and vigor, became over-stimulated and was forced to find a vent for its unhealthy generated surplus energy along the lines of least resistance.

The following case belongs to another category. The history, briefly put, runs thus: A lady, twenty-five years of age, unmarried, well dowered with means and living an idle, empty life, had, since the establishment of her menstrual functions, suffered from severe sick headache every month in connection with her periods. Between times her health was as good as too little to do, sluggish bowels, and too rich foods, would permit. Of a neurotic stock, the continued appearances of these attacks from the two causes, inefficient use of over-rich foods and of the products of wear and tear of her tissues, along with monthly recurrence of a sufficiently disturbing factor to reflexly initiate an overflow of misdirected nerve energy, her case was more serious. But here again, sharp muscular exercise out-of-doors up to but not beyond the limit of honest fatigue, served to raise the tone of her nervous system above the level, at which they responded too energetically to the monthly stimuli, while they also lacked an over-store of abnormal potential energy.

Treatment.—No active measures designed to relieve the actual paroxysms are of any avail in warding off future attacks. But given a paroxysm to treat, how best can this be done? By absolute rest and quiet, by allowing no food (if food be desired, as is seldom the case) but a little milk, or tea and toast; by giving a dose of caffeine (the citrate is not so good), dissolved in strong black coffee, and ordering a purgative enema. In the early stages aperients by the mouth are seldom indicated, for when taken they rarely pass through the stomach, more often returning by the way they are introduced. The peristalsis of the stomach is in abeyance, unless it be to excess in the wrong direction. Various drugs have been from time to time vaunted as specifics, antipyrin, antipyrin with caffeine, phenacetin, cannabis indica, etc., among them, and frequently do good at first, generally to lose their influence over

later attacks. Where arterial spasm is present the various nitrite compounds may give relief.

It is during the intervals that real benefit must be sought for, and here the main factor to be considered is the nature of the exciting cause, if it be local and general, or general alone. Treatment must proceed along rational lines for removal of any irritating lesion as well as towards improvement of the metabolic processes of the organism. Benefit to one of these conditions may suffice to render the effect of the other insufficiently marked to cause attacks.

Each case has to be considered on its own merits. The physician must endeavor to arrest the manufacture of surplus nerve force, generated by constant, even if slight, irritation, or conversely to get rid of the surplus by some means or other, thus preventing its accumulation and consequent eruption, by measures which appear best adapted for the case. Local and remote affections must be sought for, and when detected relieved. To advocate any one strict and invariable mode of treatment for any simple disease on every occasion is the essence of folly. The same effect may be gained by different methods; the same symptoms proceed from dissimilar combinations of causes, and amenable, therefore, to different lines of treatment.

As in epileptics who are generally benefited by hard manual and physical labor, so those victims of migraine who exhibit post-hemicranial mental symptoms of increasing severity as time progresses, are usually much improved by hard out-of-door work. Often one will be told by a patient who has been advised to exert his muscles more, that he is never off his feet, and gets more exercise than he likes. The truth being that exercise of this character, indoors chiefly, or in towns in the course of non-manual business, does little good, and often harm. It fatigues, rather than healthily tires.

Many sufferers from migraine will be found to avoid butter and fats, or to partake of them sparingly, either from personal dislike or because they disagree; or, again, if fond of fatty foods, they may not be able to make use of them.

Constitutional conditions may require attention; the gouty, syphilitic, rheumatic, and the malarial, often benefit greatly from corresponding specific remedies, alone or along with drugs specially indicated for the disease itself.

[Written for the MEDICAL BRIEF.]

Hypnotic Suggestion.

BY C. EDWIN GOODELL, M. D., M. E.,
Irvington, N. J.

I would like to call the attention of my brother practitioners, and particularly our esteemed friend, Dr. Albright, to hypnotic suggestion in the treatment of neuroses and functional derangements. In treating hysteria Dr. Albright says that chloroform inhalations to complete narcosis and rectal injections of chloral will be required to relieve the abnormal irritability of the central nervous system.

When this fails the system may be relaxed by the administration of tartar emetic. The doctor also recommends as highly efficacious such drugs as the bromides, chloral, cannabis indica and hyoscyamus. Now, I must admit that these drugs have done good service in some cases mentioned in his article, but why resort to these measures when hypnotic suggestion will do the work required of these drugs in almost every instance in less time than it takes to tell it?

We need no medicines in treating some diseases and we require very little, if any, in treating chorea, hysteria, insomnia, nervous prostration, melancholia, monomania, kleptomania, illusions, delusions, hallucinations, epilepsy, sexual perversion, stammering, functional paralysis, locomotor-ataxia, amenorrhea, dysmenorrhea, bed-wetting, asthma, hay fever, neuralgia, headache, rheumatism, dyspepsia, constipation, functional heart trouble, alcoholism, drug, tobacco and other habits, simply because these diseases readily respond to suggestive treatment. No line of drug treatment can compare with hypnotic suggestion in treating properly selected cases.

It is our duty as medical men to give this science more study and try to

advance it rather than treat it with derision.

If space will permit I would like to cite a few cases of my own treated almost entirely by hypnotic suggestion. The first two cases having been given up as absolutely hopeless and incurable, but they live to-day strong, hearty and vigorous.

Case 1.—Mrs. B., aged twenty-seven, contracted pneumonia in March last, having been confined three months previous, and giving birth to an unhealthy child which died seven weeks after birth.

Patient was treated for pneumonia by one of our best physicians. Pneumonia had hardly been gotten under control when rheumatism, cystitis, and gastritis developed, the heart being in such a weakened condition and the other symptoms so severe that life was despaired of, and the severity of the gastritis was so great that nourishment and medicines could not be retained for a moment; nothing would remain in the stomach long enough to act.

Brandy and aromatic spirits of ammonia were given repeatedly only to be ejected immediately.

Was called in at eight P. M., found patient completely exhausted, pulse forty, respiration thirty-six, head was packed with ice, arms and limbs bandaged with cotton; patient at that time had had neither nourishment nor medicine for forty-eight hours and had not slept for four nights owing to the severe pains of neuralgia and rheumatism.

I hypnotized patient for the first time that evening, obtaining deep somnambulism in fifteen seconds. Gave proper suggestions for the relief of pain and gastric disturbance, stimulated the heart and woke her up in twenty minutes with no pain, and stomach in better condition. Pulse fifty-two and respiration twenty-six. Gave brandy in water, which was retained, and followed it by giving her a glass of warm milk, which was also retained. I remained with the patient until 10:15 P. M., then put her to sleep for the night, giving suggestions for general improvement in every way. She slept until seven A. M., and awoke feeling better than she had felt for weeks. She took her nourishment, had a passage, which had been forced by suggestion, and remarked that she was confident that she was going to get well.

Hypnotized patient for the second time at ten A. M. same day, and continued the suggestive treatment. Woke her up in half an hour with pulse sixty-eight and respiration normal. Stopped all medicine at this treatment; nourishment was taken regularly all day. Put patient to sleep again that night, to remain in that condition for fifteen hours; she awoke on exactly the minute set for her, feeling well, no pain anywhere, pulse normal, appetite improving, no gastric trouble.

Gave same treatment morning and night and the fourth day she sat up in bed; fifth day got out of bed and sat in an easy chair for two hours; on the sixth day she remained up all day, and on the seventh evening she walked down stairs and back again while under hypnosis, and on the eighth day went down stairs for dinner. From the beginning of her illness up to the time of her first hypnotic treatment she had been in bed for ten weeks and two days, and in ten days from the beginning of the first hypnotic treatment patient was as well as ever and went about doing her housework as before her illness.

Patient was pregnant all through her sickness, and in August last suffered considerably with face-ache. An examination revealed a diseased molar; she was sent to her dentist, hypnotized her from my office by telephone, and the tooth was extracted without patient knowing it, and to cap the climax patient was delivered of a bright, healthy baby girl by Dr. H., patient being under hypnosis during the procedure. Since then patient has been well in every respect.

Case 2.—Miss N., aged twenty-one, was given up as incurable by a number of physicians.

Diagnosis.—St. Vitus' dance since childhood. Leucocythemia, nephritis, constant headache and spinal pain, chronic constipation, edema of face and limbs. Patient would eat nothing but pickles, salt, pastry, etc.; she could not bear the taste of meat, eggs, milk, or

any wholesome food; she was also a confirmed tea drinker. Patient had not menstruated for one year last month, her medical attendant being afraid to re-establish that function owing to her deplorable condition. She had taken enough arsenic in her time to kill an army of men, and with it all chorea still held sway.

1. Hypnotized patient for the first time on October 16th, obtaining deep somnolence. Gave suggestions for pain and insomnia. This treatment cured the headache, spinal irritation and insomnia.

2. October 18th, chorea almost cured; edema of face and limbs all gone; constipation cured.

3. October 21st, no return of chorea, swelling or neuralgia. Examined urine, specific gravity 1034, heavy sediment, no sugar, no albumen; slight cardiac murmur; bowels move regularly once in every twenty-four hours. Patient feels well in every way, but with rather poor appetite. Gave necessary suggestions for the continued improvement and gave suggestions for the return of her menses.

4. October 23d, menses appeared for the first time in one year, profuse and extremely offensive. Ordered carbolic irrigations. Patient complains of frontal headache, gave suggestions for its relief.

5. October 26th, stopped menstrual flow at this time by suggestion, patient feeling well in every way after treatment.

6. October 29th, patient still improving, no trouble anywhere.

7. November 2d, patient complains of weakness and dizzy sensations, feels like falling. Gave suggestions for relief.

8. November 4th, no trouble anywhere, patient says she is entirely well.

9. November 9th, still the same, improving in every way, every function in perfect working order.

10. November 10th, urine normal, no return of any of the trouble. Gave hemaboloids, tablespoonful three times a day.

11. November 12th, no return of trouble, red blood corpuscles increasing rapidly.

12. November 15th, cured.

Case 3.—Patrick C., aged forty-two, occupation, hatter; came to me from Fall River, Mass., for treatment. Patient fell down stairs backwards, sustaining traumatic injury of spine which resulted in paralysis of right arm and leg, head was drawn to one side and patient could not walk without dragging right limb after him; was unable to lift arm; numbness of both leg and arm; constant scapular and spinal pain. Patient had been in the Fall River hospital under treatment for two months, having been treated with strychnia, salol, turpentine and electricity without benefit.

Hypnotized patient and induced deep somnolence, and while asleep had patient raise his arm several times above his head and walk up and down the floor without dragging his leg. Gave post-hypnotic suggestions, with the result, upon waking, patient had no more pain; better circulation in arm and limb, walked up and down the room fifteen times without dragging limb, and raised arm above his head with apparent ease.

Gave six treatments, two days apart, and discharged patient cured. This was ten months ago and there has been no return of the trouble.

Case 4.—Mrs. R., aged thirty-six, extremely nervous and irritable, has had about three fainting spells a week for four years. Patient had been under the care of five different physicians, without much benefit.

Hypnotized patient, inducing light somnolence; gave suggestions for the relief of all nervousness.

Second treatment resulted in deeper sleep and with decided improvement; only one fainting spell during the first week of treatment.

Between the second and third treatments, which were two days apart, she had had no fainting spells, and comparatively little nervousness.

Gave six treatments in two weeks, resulting in a permanent cure. Patient was treated for the last time on December 23, 1898; since then she has never fainted and has been entirely free from all nervousness.

Case 5.—Mr. F., aged thirty-three, hatter by occupation.

Diagnosis.—Monomania, patient had all sorts of hallucinations; would get up out of bed in the early part of the evening and walk all over town, returning

about six in the morning. He had not slept the night through for months. He had drifted from one physician to another seeking relief, and finally visited a specialist in New York. He received some benefit from the latter, but could not carry out the treatment, owing to the enormous fees charged. Patient was brought to me under protest. Gave twelve hypnotic treatments, which resulted in a cure.

In conclusion, I would like to ask my brother practitioners if any method of treatment could be more simple and rational than the above? Control the minds of your patients under hypnosis and the diseases enumerated above will readily respond to your manipulations.

[Written for the MEDICAL BRIEF.]

A Cure for the Drink Habit.

BY C. W. HIDDEN, M. D.,
Newburyport, Mass.

Noting the widespread interest in the treatment of alcoholism, the thought occurs that your readers may like to know of a remedy which, in my hands, has never met with failure.

I use as a base a strong fluid extract of powdered cinchona rubra, to which is added, with a due regard to dosage, avena sativa, strychnia nitras and tincture capsicum, making a total mixture of ten and one-half ounces.

The reference to dosage may be understood from the manner of administration, viz.: One teaspoonful every three hours for four days, one every four hours for four days, then gradually reducing the dose to three-fourths teaspoonful, one-half, one-fourth, down to ten drops per dose until all is used.

The usual time of treatment is about three weeks. The patient must not drink while taking the remedy. The desire for drink begins to fade away on the fourth day. In one week there is complete absence of desire, and the patient begins to feel like himself. The improvement is most marked. The remedy is prepared fresh for each case. A second bottle is rarely needed, so complete is the killing out of appetite.

The principle is years old in practical medicine, but the perfection of the remedy is mine. My friends regard me as "old-fashioned on the temperance question," because I am a total abstainer from all that can intoxicate. Born in a drunkard's home, having experienced to the full the blighting, blinding suffering and poverty incident to childhood under such circumstances, it was but natural that, in after years, I should seek to perfect a remedy for the cure of the devil's habit.

That remedy, brother physicians, I believe I have mastered. It requires care in compounding, some knowledge of, and a nice discrimination in, the handling of the patient. In my hands it is a winner every time, and I believe that if the physicians of America could be persuaded to join with me in its wise administration, we could lighten many a heart that is sad, lift up thousands who have sunk low in the scale of human degradation, and strike the liquor traffic of this land an awful blow.

It would please me, Mr. Editor, to hear from all physicians who are interested in the home treatment of the drink habit along plain, homely, common-sense lines.

[This excellent and practical treatment of the drink habit will commend itself to every reader of the BRIEF. Let us hear again from its able and sensible author.—ED.]

A Nutritious Food.

In a paper recently read by Dr. H. D. Chapin before the New York Academy of Medicine, and discussed by Drs. Holt and Jacobi, it is distinctly stated that egg-albumen is not only highly nutritious, but a very valuable addition to a baby's food, it being more easily digested than the proteids of cow's milk. It is also their opinion that the proper dilution of milk with cereals aids the digestion of the curd by separating it and rendering it more flocculent, and also prevents putrefaction of the milk in the intestines. Eskay's Albumenized Food is the only food combining egg-albumen with cereals, conforming with the ideas as expressed in this paper. Clinical reports prove that they are right.

[Written for the MEDICAL BRIEF.]

Iodoform and its Congeners.

BY EUGENE S. YONGE, M. D., C. M.,
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Manchester, England.

Hilton, in his classical lectures on "Rest and Pain," describes the healing of a breach of surface under natural aseptic conditions, as it must have healed when primeval man gained his first experience of local injury. And the author also draws a picture of the grievous fear which the primal wound must have excited in the bosom of humanity—"the breach of surface disclosing to his sight his blood flowing unceasingly, or leaping, at sustained intervals, from its opened chambers, his sense of fainting, and his ultimate sinking on the earth under the foretaste of death; this, too, with the recent denunciation, 'Thou shalt surely die,' still ringing in his ears . . . But what follows? See him awakening to life again, the stream of blood stayed, the chasm plugged, his strength revived, and day by day that wound—which he regarded as the badge of death, the vengeance of the Creator's wrath—narrowing and healing till it could hardly be seen." But these halcyon days of healing can have lasted but a relatively brief period; for as man increased and multiplied and segregated septic processes must have arisen, and been treated with what success empirical methods could command. It was not until the nineteenth century that the discovery of the truth of the germ theory pointed out the true path which the surgeon and the therapeutist should follow. The enunciation of the germ theory was a necessary antecedent to the search for such antiseptics as could be conveniently applied to wounds, ulcerations and other breaches of surface.

Iodoform, one of the pioneers in this region of therapeutics, commended itself not only by its germicidal properties, but also by its power of relieving pain. The substitutes and competitors of the drug are legion, but in spite of the fact that the substance has been hustled and jostled by a score of others, and in spite of the indictments which have been brought against its antiseptic power, its toxicity, and especially its odor, it appears somehow to hold its own. Iodoform commands the respect even of its rivals, for while a number of them profess to have expurgated themselves of its disadvantages they endeavor either to retain the name, or its active antiseptic principle, iodine.

It may be of interest to glance at the principal points of importance in connection with iodoform, and then to examine briefly the claims of its more important substitutes.

The powerful anesthetic qualities of iodoform are hardly less important than its antiseptic powers. Its local analgesic action is marked, and it destroys sensation in the parts to which it is applied, much in the same manner as carbolic acid. The antiseptic and deodorant properties of this remedy are due to the iodine (twenty-nine parts in thirty), which it contains, and it is for these qualities that it is primarily employed in surgery; dusted in fine powder over sloughing sores, chancres, buboes, bedsores and cancers, it prevents decomposition and excites healing. It is particularly useful in the intolerable odor which arises from cancerous discharges of the rectum and vagina. Iodoform is freely excreted by the pulmonary surface and the kidneys, and it is on account of this former fact that it has been used with good effect in phthisis, since it exerts a sedative and antiseptic effect on the bronchi during its excretion. Probably the two most serious disabilities of iodoform are its smell and its toxicity. Its terribly penetrating odor, which is distinctly an aroma *sui generis*, defies all efforts to effectually mask it. Mix the drug with balsam of Peru, with Tonquin bean, with rose, peppermint, anise-seed or turpentine, with any aromatic body you will, and even though "the scent thereof shall be as the wine of Lebanon," the penetrating personality of iodoform will creep through. Iodoform frequently requires to be applied for prolonged periods, and herein lies the second objection to the drug, that under these circumstances symptoms of poisoning may ensue. It has produced, when slowly absorbed from wounded surfaces,

disturbances of digestion, loss of appetite, malaise, vertigo, rapidity of pulse, insomnia, increase of temperature, cerebral disturbances, and, in a few instances, death.

The toxicity, therefore, as well as the odor of iodoform have been the principal stimuli to the search for substitutes. And the bodies which have been proposed as supplanters may be roughly divided into two groups, viz., those which depend principally for their antiseptic power on the iodine they contain and those which do not.

Iodoform Substitutes which Contain Iodine.—The following are the more important:

Iodol heads the list with the largest balance of iodine. It is a brownish-white powder with a faint thyme-like smell. It is said to be non-toxic and also to act as an astringent when discharges are copious; but, unlike iodoform, its anesthetic action is weak.

Iodo-Salicylic Acid and *Di-Iodo-Salicylic Acid* are powerful antiseptics which are compounds of iodine and salicylic acid.

Sozoiodol is another substitute which is said to be non-poisonous.

Aristol is odorless, but there its advantage ends, for it is a less active preparation than iodoform.

Europhen is one of the best substitutes for iodoform. Without being devoid of scent, it does not possess a sledge-hammer odor like its congener. It is non-toxic, adheres well to a wound, does not cake, and, owing to its lightness, a given weight, as compared with iodoform, will cover a surface five times the area of the latter. The general opinion is that this drug can be used in all cases that are benefited by the application of iodoform. In venereal ulcers it acts well, and in these cases should certainly replace iodoform.

Loretin, according to Schinzinger of Freeburg, is a drug of some value. It is odorless itself but quickly removes the offensive smell of all purulent discharges; the remedy is said to be non-toxic and its antiseptic effect is greatly superior to that of iodoform. Other iodine-containing substitutes for iodoform are *Aviol*, which is astringent and desiccative; *Di-iodoform*, which possesses the disadvantage of being decomposed by sunlight; *Antiseptol*, *Anozol* (a mixture of iodoform and thymol, which is said to be free from the odor of iodoform) and *Iodoformin*. The last named drug must be a species of "white-blackbird," since it is described as an "odorless iodoform." It acts as a stimulant to ulcerated surfaces by the formalin which is liberated from it. *Sanoform* possesses the special advantage of admitting of sterilization by heat without undergoing decomposition.

Of *Iodoform substitutes which do not contain Iodine* the following may be mentioned:

Dematol, a basic gallate of bismuth, is a non-odorous, non-toxic antiseptic. It causes rapid cicatrization and is said to be a quicker microbicide than iodoform.

Thioform is another bismuth salt which bases its claim to supplant iodoform on its freedom from odor and toxicity, its greater antiseptic strength and its desiccative action. It freely absorbs secretions from wounds without forming a crust; it has, therefore, been recommended for eye cases.

Thioresorcin is a compound of sulphur with resorcin, which has been employed as a dusting-powder instead of iodoform—the objections of toxicity and malodor being absent. A drug has been introduced, within the last two years, which is rapidly gaining a position of importance in therapeutics. It possesses the trade name of Orthoform, and it enters into competition with iodoform, not so much as an antiseptic as an anesthetic. The drug is a white, voluminous, odorless powder, which is sparingly soluble in water, but freely in spirit and ether. I have had a considerable experience of the remedy, and have reported on it at some length. It appears to be a strong anesthetic, and to be appreciably antiseptic. Orthoform is a synthetic product, introduced by Einhorn & Heinz, of Munich. They began the investigation with the idea of finding the hypothetical molecule of cocaine, which would produce anesthesia and be free of all toxic qualities. So, for a considerable time they worked among the atoms of cocaine, breaking up the drug into its chemical constituents, turning them over and put-

ting them together again—peering and searching, like Diogenes with his lantern, for this honest molecule. At last these observers found something which induced them to turn their attention to certain aromatic bodies. Out of these they were eventually enabled to build up a substance which, while strongly anesthetic, was practically non-toxic. I say *practically* non-toxic because the drug is reported to have produced, on rare occasions, disagreeable and untoward effects. Compared with iodoform, orthoform possesses the advantages of (1) much greater anesthetic and analgesic power, (2) more prolonged action, owing to the slow solubility, (3) absence of odor, (4) markedly smaller liability to produce toxic symptoms. The drug is inferior to iodoform in that it will not act efficiently on unbroken skin or mucous membrane; it is essential that the nerve-endings of the affected part be exposed. The most notable results of orthoform are obtained, therefore, in cases of painful ulceration. When applied to an ulcer, anesthesia and analgesia begin in from five to ten minutes, and may last from an hour or two to several days, according as the affected region is exposed to friction or to the action of free discharge, either of which will, of course, tend to remove the drug, especially if applied as a powder.

Orthoform has a remarkable effect on burns of the third degree, also on ulcers of all descriptions. In the upper air passages it is especially useful in tuberculous or syphilitic ulcerations of the larynx. I have noted considerable relief from it in ulcerations of the tonsil, and in tender intra-nasal conditions where there has been loss of substance. Kallenberger found the drug of value in dentistry, especially when painful nerve-endings were exposed; orthoform was introduced into the opening in the tooth and the aperture closed with wool or wax.

Neumayer has employed the drug, with success, in urethral pain. He used a five per cent solution of the hydrochloride of orthoform; it caused slight burning, for a short period before anesthesia supervened. Blondel has used orthoform in gynecology to obviate the discomfort attending dilatation of the os uteri, to prevent the pain of curettement, and in other conditions. Boisseau's experience of the drug in ocular work is highly favorable. The anesthetic was employed for the relief of corneal ulcers; and in these cases the pain and photophobia rapidly diminished. The preparation of the drug, which is recommended for ocular work, is an ointment made with lanolin. The analgesia lasts at least twelve hours.

Beneficial results have followed the internal administration of orthoform in half gramme doses for ulceration or cancer of the stomach. For this purpose it is, of course, infinitely superior to its congener, iodoform.

Orthoform has a very definite antiseptic power; in several of my own cases I have noted a speedy diminution of purulent exudation and an acceleration of the healing process under the influence of the drug. Instances of fresh infection have been reported in which pus formation and gonococci have disappeared in the course of a few days as a result of injections of orthoform in solution. Kallenberger is of opinion that orthoform hinders fermentation and putrefaction. He found that portions of rabbit's muscle rubbed in the dust and subsequently placed in water 37° C. for twenty-four hours rapidly became putrid. Similar pieces of muscle treated in the same manner, but sprinkled in addition with orthoform, remained sweet at the end of a like period.

I have referred above to the rare discovery of poisonous results from the employment of orthoform. I have never myself seen any ill-effects either general or local; but two cases have occurred in the practice of a friend of mine in which dusting an ulcer of the leg for five or six days with orthoform has been succeeded by sloughing of the floor and edges of the local loss of tissue. Brocy and Asam-Murnau have reported instances of poisoning by orthoform; and the latter observer, in referring to the unfavorable symptoms of a local character which the drug may give rise to, mentions a sloughing of the ulcer for which the substance had been exhibited, similar to that described to me by my friend. The general symptoms of poi-

soning by orthoform are those of a powerful cerebro-spinal depressant.

To sum up the relative advantages of the substitutes of iodoform, as compared with that drug, it may be stated generally that probably the most efficient substitute, so far as antiseptic action is concerned, is europhen. Dematol, sanoform, and other compounds, may prove of value where the loss of tissue is not of a painful character. Practically all the congeners of iodoform are without disagreeable odor, are considerably less toxic than that drug, and in these respects, therefore, superior to it. In painful wounds and ulcers, orthoform is immeasurably superior to iodoform or any of its substitutes. When a desiccative and astringent action is required, airol, dematol and thioform are of value, and the last named substance is especially to be preferred in eye practice.

Lastly, the price of some of the iodoform substitutes is considerably greater than that of the original drug, and, in hospital and poor practice, is a disadvantage of some moment.

[Written for the MEDICAL BRIEF.]

The Tyrant's Argument.

BY J. W. LOCKHART, M. D.,
St. John, Wash.

Truth crushed to earth will rise again. And seldom have we seen a more interesting example of the fact than is contained in the following quotation from a paper read before the Idaho State Medical Society, by Dr. R. L. Nourse, and published in the *Medical Sentinel:*

"It is a singular fact and a sad commentary that large numbers of otherwise well-informed people among the laity oppose medical legislation, and can generally be counted on to give encouragement to and sympathize with all sorts of quacks, irregulars and unprincipled humbugs in every controversy with regularly qualified medical men. It is true that the masses of the people have to be protected, and their best interests looked after, usually in opposition to their wishes. Medical laws they term monopolistic and class legislation, and efforts to enforce the law against unqualified would-be doctors they characterize as persecutions."

Ten years ago, when the subject of medical legislation began to warm up in the MEDICAL BRIEF, those who dared to say that the people did not demand such legislation, and that these laws were enacted in opposition to their wishes, were denounced as prevaricators, etc. It is refreshing and encouraging to note, even at this late date, that those who favor such laws now acknowledge the truth and justice of the argument they once so unsparingly denounced. Henceforth let it be written in large capitals on the title page of every Act to regulate the practice of medicine, "The people do not want this law. Nobody but a few political doctors have any interest in it." Common honesty compels that much. Paste that in your hat, gentle reader. No one but a quack or charlatan can now go before a State Legislature with the false pretense that such laws are demanded by the people. Be honest, gentlemen, with your representatives, and tell them the people have not sense enough to take care of themselves, and that yourself and a few coadjutors have taken it upon yourselves to do the job for them. The chief argument in favor of medical legislation is as Dr. Nourse says: "The masses of the people have to be protected, and their best interests looked after, usually in opposition to their wishes." A very slim peg, indeed, upon which to hang such a load of infamy. Justice damaged that peg considerably when she hung the Declaration of Independence on it, and it has been very weak ever since. The fourteenth amendment to the Federal constitution also strained the old peg not a little, so that Dr. Vinnege, of Illinois, thinks it will be necessary to support it by inquisitional methods. How natural for people who do not know enough to take care of their own best interest to have that care forced upon them by inquisitional methods! Down with the un-American medical inquisition!

I have the assurance that my "Medical Monopoly Exposed" is doing good and efficient work in many States. Every State Legislature should be well supplied with them.

[Written for the MEDICAL BRIEF.]

The Twin Bed Fad.

BY W. T. PARKER, M. D.,
Westboro, Mass.

In the homes of wealth and refinement one sees more and more of twin beds—for use by married people. This means separation of husband and wife oftentimes in "more ways than one!" To be sure the idea may have originated in those who have lived for a longer or shorter time on the continent of Europe, where double beds are almost unknown. It is certainly more "Frenchy" than "English," and its boasted healthfulness as compared to the "double beds" of old-fashioned (?) married life is decidedly a matter of doubt to many sensible physicians, and others not medical. The married life of the days of our ancestors knew little of twin beds, but much of the trundle beds for the children. There were more children in those days, and families were larger and healthier and happier. The wives were more domestic, less interested in politics and doubtful philanthropies. The nursery was a cheery room and interesting, too, and the music of the voices of happy children filled every home.

The family bedroom was a clear, comfortable apartment, neither large nor small. It was neither sensual nor barren. Christian books and pictures adorned its homeliness. It was a room fit to live in, and suitable to die in. It reflected the motherhood of the honorable wife, and the children of the household entered it without fear or dread. Matronly dignity and worth adorned with womanly affection and feminine nicety, stamped it as a region of priceless honor and happiness.

The marriage relation forms a new life, a union of husband and wife, and "they twain shall be one flesh." It is a mysterious and holy union, and has for its object not only the living together in happy union, but as a good priest once said, "the privilege of peopling Paradise." It is a relationship so sacred that the impudent demands of fashior should have the door slammed in its face. The married man and woman unite their strength not only to resist outside enemies, but to protect health and strengthen and preserve life, and God blesses the normal, faithful union of man and wife; and of His blessings one of the best and most precious is good health.

The married man or woman lives longer, is more happy and contented, more concerned about everything which brightens, endears and encourages home. Physicially, the married life imparts strength to each and encourages and conserves that indescribable condition known as essence of life—*purpera vitæ*.

The living in separation and loneliness is, on the other hand, disheartening, depressing, and induces a lowering of the vital forces. Diseases are more readily acquired, convalescence is retarded, recovery more doubtful. Statistics easily prove that married life tends to longevity. Bachelorhood is an undesirable condition for the individual, and for the community and nation in which he or she lives as well.

The contact of healthful, normal people, in the relation of married life increases strength and prevents the attacks of disease from succeeding in many instances. Vital force and power, warmth and strength, pass from one to the other during the sleeping moments and without loss; each has increased vital resources and strength of life. That this contact with each other is beneficial in normal life is beyond doubt. Not only do married couples defend and sustain the constitution of each other, but two men sleeping together increase their powers to resist disease, to maintain animal warmth and to preserve life (but, of course, only in the married is such a custom desirable). I have realized this, in camping in the open, many times. Had I been forced to sleep alone I might have perished. General Greeley and other arctic explorers have confirmed this. Of course where the physical conditions are unequal, or where one is more or less ill from tuberculosis, fevers or other wasting diseases, the healthful person gives up to the weaker more or less of life force. In the Bible we read that the physicians of King David, when he was dying, recognized this fact and asked a

healthy young maid to nourish and warm the feeble old king. Such is not the normal condition of married life. Where there is sickness an abnormal condition exists requiring special provision for the time being. There are conditions where the admirable laws of hygiene, as found in the Bible, should be insisted upon, and where decency and good taste and unselfishness should prevail.

The twin bed idea is but one step in bettering the formal marriage contract system where the "high contracting parties occupy separate rooms." The apartments of kings and queens may be separated by court etiquette, but the married couple, happily wedded, desire no separate rooms or separate beds. The separate bed must have been a necessity in the days of plurality of wives, but we need not follow ancient customs created by such necessity. Those who consider it unhealthy to sleep with husband or wife must have some very good reason for such a departure from good old homely customs. Good morals are not improved by separation of married people. To love and to cherish may be possible in separate houses, apartment or beds, but the old-fashioned ideas which are genuine will not be argued out of existence. The world is cold and cruel and formal enough without submitting to the exactions of hollow "society" regulations. We may add that cremation, individual communion cups and separate rooms or beds for married people, are fads which are likely to be found in close neighborhoods, if not in the same families. Married life should be one long, sunny dream, never chilled by the dictates of formal fashion.

Sedative and Anodyne.

Dr. Chas. Kelly Gardner, Huntington, West Va., says: For the past ten years I have constantly prescribed Peacock's Bromides, and find it the sedative and anodyne *par excellence* in all convulsive and neurotic lesions, and I prescribe no other. I find it superior to the commercial bromides in simple combinations. It will give me much pleasure to further utilize it as occasions demand.

[Written for the MEDICAL BRIEF.]

A Court of Medicine and Surgery and Law.

BY S. J. RADCLIFFE, M. D.,
Washington, D. C.

We sometimes see it stated in public print, especially in the popular periodicals, that we have no court of medicine and surgery as the law has of law. Those who make such statements seem to think they have started a new idea for the profession; but if they will reflect awhile they will find out they are mistaken, that their premises and conclusions are based on erroneous impressions, and they take for granted only that which they see or hear, and leave out of view that which actually exists. These statements are generally made by lawyers.

The differences between law and medicine and surgery in the practice are not so great as might seem at first sight, or as great as we might suppose.

It is no illustration of the difference between the two professions to say that the physician or surgeon hides his mistakes under ground, or out of sight, while the lawyer displays his to the public view, or on the gibbet. These are minor considerations.

There is a closer relationship still, and it is not far to seek. Every physician and surgeon is accompanied at all times by a judge and jury, and by opposing counsel in the law. There is no act of theirs which is not taken cognizance of, there is no examination of witnesses but passes under the sharpest scrutiny or criticism, there is no argument of counsel that is not noted and properly weighed, and the decisions of the judge always have a tendency towards right and justice.

The physician or surgeon does not ask for a "retainer," he is not asked which side of the case he will advocate—the weaker or the stronger, the promising or the unpromising—nor is he actuated by reward or fame. He is always on the aggressive, no matter what his case may be, and the reward he leaves to chance; and if he feels that the judge and jury sustain him, he also feels that the oppos-

ing counsel, like the valiant knights of old, will yield him the victory.

If he gains his case he receives applause, or if he loses his case he receives applause—the comfortable assurance of duty well performed. Whether he gains or loses his case, therefore, the judge and jury and opposing counsel smile upon him, and speak words of commendation. He does not consider himself vanquished, he does not have to leave the court room in disgrace, he has squared himself with his client, and with the world, and there is no occasion for doubt or misgiving.

The judge and the jury and the counsel of every honest physician and surgeon are combined in one, it is the trinity, the divinity within him, that rules him, and for him, and for convenience it is called conscience. It judges him and for him, it decides moot questions for him, it counsels him in cases of grave doubt and uncertainty, and points out the proper rules to apply; it is the jurisdiction of final appeal. If a physician or surgeon practices by the laws it inculcates, laws written and unwritten by its prior decisions, opinions and rulings—by the code which every man carries about him—the moral code—by the code which says a man is known by his walk and conversation—he will always have "the peace that passes understanding," and no man can gainsay his actions.

Because of Virchow's aphorism that all cells come from cells, that does not give a reason to predicate an opinion or dictum that all justice comes from law, or that law is an outcome of law; and so when we compare the principles and practice of medicine and law, there are many things to be considered.

Law, so-called, is not an entity. Law is law only as it is interpreted by the interpreter. Eloquence frequently supersedes law and equity. Swaying of crowds and swaying the individual is the same, and the last word in law often has more effect than all that has preceded it. If law were an entity, what need is there for disagreement or contention? If it were perfect in its application, what need is there for diverse interpretation? Why should there be two sides to a suit, and opposing counsel, and why should it be "aired" in the courts?

The fact is, that discussions of the law are frequently but an "intellectual battle between opposing counsel," as has been said, which is conducted with weapons consisting of the keenest wit, the most biting sarcasm, and the soundest logic, and nothing more. The question of justice is either overlooked in the battle, or is, it might be said, scarcely ever entertained.

Medicine and surgery are more exact and more exacting. Their lineage comes to them of right, their attainments are the result of logical sequences, and the application of these results are surely without pretense. They are exacting, too, in that they demand results from causes, and do not leave results to chance. They do not have their lower courts and their upper courts, and their courts of final appeal. Their practice is more simplified and yet their jurisdiction is immeasurable. The statutes that govern medicine and surgery are irrepealable, the statutes that govern human law are mutable and subject to repeal or amendment.

So that the course of courts of medicine and surgery may run parallel, to a certain degree, the difference being that the one (that is the former) is a silent court, and the other (that is the latter) is represented by an intellectual battle; and no one can decide the rulings and decisions or verdicts in the court of medicine and surgery, any more than he can impugn the motives actuating an actor in an honest judicial discussion. Where members of the legal profession, therefore, attempt to throw contempt upon the medical or surgical professions by asserting their want of unanimity, their inability to convince juries, their almost certain discomfiture before the bar in most medico-legal cases, they do discredit to themselves, without altering the status of those they attack.

But the parallel runs still further. If medicine and surgery suffer from quacks and impostors, the law suffers also from shysters. It is said there is a black sheep in every flock. Quacks and impostors may creep into the fold, or climb over the back way unobserved, or under an assumed name, and remain until they are sifted out of the number by proper means. But the few quacks and

impostors who manage thus to ingratiate themselves among the pure and noble, is no argument against legitimate medicine or surgery, and does not invalidate any claim made for high-mindedness or honesty of purpose in those who practice the art as it should be practiced. Quacks and imposters prey upon the ignorant and unsuspecting, and very few intelligent people are affected by their pretenses. They are very soon found out, and their character and standing soon given a proper rating in society. Shysters also play upon the ignorant and feeble-minded. They are found on the outskirts of the court and bar soliciting business of a doubtful or suspicious character, and advertising themselves in various ways: their peculiar fitness for obtaining divorces, settling diverse and uncollectable claims—for which they always demand fees in advance—retainers which they never earn, or never return, taking good care they keep within the law or hide behind it to avoid arrest or prosecution for contempt of court.

Quacks and impostors are as opprobrious to medicine and surgery as shysters are to the law, and neither the former nor the latter detract from true medicine and surgery or true law, or degrade the standing of the honest devotee of one or the other. They are like barnacles on the ship's bottom, the only harm they do is to impede its progress.

Lawyers who write about medicine and surgery know not what they say, and the sarcasms they frequently throw at them show an ignorance one could scarcely expect in cultivated, intelligent students, who are aspiring for the truth. It must, therefore, be deplored when they display such unaccountable misinformation when they state, as some have, that we have no court of medicine and surgery. (See A. B. Choate, in the *Arena*.

Supporters.

For abdominal supporters, uterine supporters, trusses, elastic stockings, etc., always see the advertisement of G. W. Flavell & Bro., and write to them concerning such matters. The long and creditable history of this firm gives a basis for absolute confidence.—*The Medical World.*

[Written for the MEDICAL BRIEF.]

A Few Suggestions in Therapeutics.

BY JOSEPH I. SMITH, M. D.,
Formerly Clinical Instructor in Medical Clinic, Polyclinic Hospital; Assistant in Nose, Throat and Ear Department, Howard Hospital, Philadelphia.
Philadelphia, Pa.

From my own experience and that of those of my fellow practitioners with whom I have had the pleasure of discussing the matter, it would seem that, while a long scientific article with data and laboratory experimentations was very interesting reading, seventy-five per cent, at least, of them are useless to the busy doctor, because they usually contain nothing of practical value to him, or very little of it in a mass of unusable matter. What we relish more than anything else, is a short article on the experience of a fellow worker, his success and his failures in a certain line of treatment, how he had tried old standard drugs without the results expected, though, for instance, his continuance of it with other drugs proved more successful.

To my mind this is the very essence of an article, and it should always be explicitly stated, if a single drug is used, how much, and how often, whether it can be given alone or with some menstruum to make it palatable, and what that menstruum is. Failure to do this has caused many a reader to throw away in disgust an otherwise good paper. As Professor Hare says: "The man who can combine his drugs in the most palatable form and get good results will be the most successful in his practice." In my own experience, the occasional ignoring of this axiom has caused me not a few failures to please my patients. I will cite a few illustrative instances of this occuring in my clinical and private practice. Thus, in an article copied from the *London Lancet* on the giving of twenty-grain doses of chloride of calcium four times a day in pruritus, general or local, the method of giving was not stated. I had a case of general pruritus of pregnancy at that time, for which I wrote a prescription for this drug in capsules, but when I saw the patient again she

handed me a mess that resembled mucilage. The calcium chloride, being hygroscopic, had melted into this condition. I then tried it in syrup and water, but could not disguise its very salty flavor, and had to give it up until I succeeded in getting the original article, in which the writer stated that it should be taken in tincture of orange peel, one drachm, and chloroform water, one ounce. This proved to be a very pleasant dose, that even a child would take.

Another writer recommends the fluid extract of hydrastis canadensis in twenty-drop doses, every four hours, in chronic cough of phthisis and bronchitis, to be taken in sweetened water. I do not think that sugar will prevent a patient complaining of the taste of hydrastis. Instead of sugar it would be better to use the syrup of yerba santa, sufficient to make a drachm. It is also said that nothing will cover the taste of quinine better than the syrup or elixir of yerba santa.

The following prescriptions are a few examples of abominably tasting medicine, though proportionately efficacious, that were dispensed in the clinic of one of our colleges, and copied quite extensively in the medical journals.

For general diffused muscular pain, not very well defined:

℞ Ext. Cimicifugæ, fl.....20 minims.
Tinct. Guaiac Ammon.....20 minims.
Ext. Erythroxylon, fl.....20 minims.
M. Sig.: One drachm three times a day.

Where there is malarial taint, the following:

℞ Quininæ Sulph.....2 drachms.
Acid. Sulphuric. Aromat.....2 drachms.
Acid. Hydrobrom., dil.....1 ounce.
Syrup Limonis .....6 drachms.
Aquæ.....q. s., ad.....3 ounces.
M. Sig.: One drachm three times a day.

And the last, but not the least unpleasant, is for asthma:

℞ Ext. Grindeliæ, fl.....4 drachms.
Lobeliæ, fl.....4 drachms.
Ext. Quebracho, fl.....4 drachms.
Mist. Glycyrrhizæ Comp. } .....3 ounces.
Aquæ.....q. s., ad. }
M. Sig.: One drachm every three hours.

This formula I have cause to remember. A short while after graduation, an asthmatic, wealthy old lady, came into my office for relief from a bad attack. She informed me that she had no family doctor, and held up to me the incentive that if I could cure her she would always call me in. I had seen good results from the above prescription, and so I gave it to her. She took a few doses, and then dropped both it and me. I saw her some time after, and she told me that it tasted so bad that she could not take it, but went to the drugstore and got one of those elegant pharmaceutical preparations, which gave her considerable relief, and thus I lost my patient. Who can blame her?

Combinations like the above have made possible the success of so many special pharmaceutical preparations on the market to-day, and we would be very foolish, and stand in our own light financially if we did not select such of them as we know will do just what we want them to do. For instance, when we have a case of chronic bronchitis, gonorrheal cystitis, or where we desire a stimulant to the mucous membrane, in which we wish to use the oil of sandalwood, we generally prescribe it in capsules, but they become sticky and, if in summer, very soft, and hard to separate, which is objectionable. In order to avoid not only this feature, but others in the dispensing of santal, cubebs and copaiba, I am at present using in chronic and sub-acute genito-urinary diseases a combination in which there is a blending of Santal and Saw Palmetto, with pleasant aromatics, for in it I not only get a stimulating, but also a permanent tonic effect. I have used it in sub-acute and chronic gonorrhea with success, also in several cases of chronic cystitis, and in two cases of albuminuria. These, by the way, were very interesting cases of two young men, never sick a day, for years apparently in good health, who came up to be examined for life insurance, both being rejected after two examinations each, on account of albuminuria. I placed them on a restricted meat diet, and gave this combination, one drachm four times a day. In three months one passed as an A1 risk, while the other showed no albumen, but preferred to wait a few months longer.

This combination is now known as Sanmetto, and of it I want to say that it has the smallest amount of alcohol of any similar preparation on the market.

It is very pleasant to take. It can be combined with other drugs, but it must not have added to it any water, because this will cause fermentation to take place in a few days. I know of failure of the preparation to act as desired, but this is invariably due to the doctor's ignorance of this salient fact that it is not to be combined with water in prescriptions. For palatability, certain efficiency and uniform satisfaction in the treatment of sub-acute and chronic affections of the mucous membrane, especially those of the genito-urinary tract, I know of no remedy as reliable.

2314 North Sixteenth Street.

[Written for the MEDICAL BRIEF.]

Anemia.

BY GEORGE GIBSON, M. D.,
Southport, England.

Anemia is a term with which the general public has become acquainted in the advertising columns of the newspapers.

The term is used very vaguely in connection with the advertisements of certain patent pills which have attained a large measure of popularity. The word represents to the average newspaper reader something of a mysterious nature; at any rate its meaning is enveloped in mystery, which receives a meager and unsatisfactory explanation in the columns of the daily press. The "bated breath" with which many persons pronounce the word is a positive proof that there is a deal of misconception prevalent in the public mind concerning the meaning and proper application of the term. It is a fact that, as the conditions of life become more onerous and exacting, the health of the race and individual must necessarily deteriorate. Any student of geometry understands the meaning of the word corollary, and that is a term that may be correctly applied to the deductions that may be drawn as to the results produced by certain forces acting on the individual and on the race.

What form does the decadence or decline take? Is it mental, physical, or both? With regard to the mental condition of the inhabitants of the British Isles, and all territories under English rule, I am an optimist. Overcrowding, or what is frequently called congestion in large towns and cities, is productive of serious injury to bodily health. Impure air, deficiency of sunlight and insanitary dwellings produce anemia, and frequently induce a tendency to very serious diseases. The prevalence of pulmonary consumption or phthisis in large towns and cities is capable of explanation, and unfortunately the unhealthy conditions previously referred to have a share in its production. When the old-fashioned notion prevailed which taught that certain persons were consumptive from birth, and that a mere "chill" or common cold produced the actual disease termed "consumption," it was the universal opinion that certain persons must inevitably succumb to its attacks.

Now, fortunately, the "common cold" has lost its terrors in this association, and former notions that bore the name of heredity have been banished with other unpleasant memories. Probably the ignorance that prevailed until recently has acted like a fog and obscured the mental processes of people otherwise intelligent.

A foot baller or agricultural laborer thinks very lightly of a common cold, whereas a clerk in a counting-house or a seamstress in a clothing factory being already somewhat enfeebled in constitution are liable to the attacks of the specific micro-organism to which scientists have applied the name of the "tubercle bacillus."

I have wandered from my original subject, although the ideas I have tried to refute are not disconnected with the disease or symptom termed anemia. The old saying, "Prevention is better than cure" is sound philosophy. We have doctors in abundance, but the health of the public is not perfect. Medical skill may cure diseases, but the habits may not be rectified, or they may be positively vicious.

A religious life is the only true existence from a physiological point of view, and Christianity teaches cleanliness and proper consideration for bodily health.

[Written for the MEDICAL BRIEF.]

Morphine Habit Facts.

BY C. E. PATTERSON, M. D.,
Grand Rapids, Mich.

Have read with considerable interest the article of Dr. H. O. Wells, which appeared under the above heading in December number of BRIEF. Inasmuch as it is a criticism on my article which appeared in October number of BRIEF, under the head of "Drug Habits Among Physicians," I ask the privilege of replying, and of making some comments on the Doctor's statements.

The Doctor, in his article, starts out as a good Samaritan, but, for the life of me, I can not see who he is benefiting but himself, which I will try to point out ere I complete this article. He first criticizes me for saying the majority of my patients get into the morphine habit through the effects of liquor. Gentlemen, I based my statements on an experience of six years' special practice in this work, with from six to fifteen physicians under my care all the time for drug habits, the majority of whom contracted the habit, as before stated, first through the effects of liquor. He then makes some very slurring remarks in regard to my statement of the replies I received from an article which appeared in *Summary*, also the BRIEF, and says he refutes my statements. He then makes mention of some friend of his, having some article in a medical journal, from which he received one thousand letters, and that fully nineteen per cent of them was for self-assistance. Now, readers, I ask whose statement he is refuting, his own or mine? His story is certainly the larger. But the part of my article which seems to hurt him the worst is where I say home cures are frauds, but I again emphasize the statement that they are—all that I have ever learned of—frauds, and made only to sell; and furthermore, I defy or challenge Dr. H. O. Wells, Secretary of Board of Health of Indiana, as he signs himself, to present any reliable statistics that will verify his statements that fifty-eight per cent of morphinism is cured with home cures, or twenty-five per cent, or even five per cent. With my experience in treating, now over three hundred cases, by far the largest majority have used from one to six home cures without a cure having been effected in a single instance. I have a letter in my possession, received within the past week, from a doctor who desires to come to me for treatment, who claims he has used a famous home cure, from Cincinnati, for three years, and is now unable to attend to business at all, and taking as much morphine as ever when he leaves off his home cure medicine.

The famous home-cure Husa is a fair sample of most of them, which medical journals were bound to expose, by some of them being caught by the wily snare of its promotor, and Husa is only a fair sample of all of them, only it has been exposed while others have not. Doctor, please tell us of a home cure whose principal ingredient is not an opiate in some form or other. The Doctor says when he was in general practice he had no hesitation in taking and treating such a case at any time. Doctor, I ask how many cases did you ever treat, and are they still living? I would like to visit some of them if they are. I would also like to ask the readers of the BRIEF who are not directly or indirectly interested in some home cure, to state, through the columns of the BRIEF, how many you ever knew of being cured by any home cure who were once thoroughly addicted to morphine? Then, again, I would ask Dr. H. O. Wells, inasmuch as he feels so kindly toward the profession, why he did not state, in his article, what he did to help a patient out of morphine so easily? Why did he not? Doctor, I will gladly give the readers of the BRIEF my plan of treatment for drug habits, and my home is ever open for the profession to visit and see for themselves that there is one sanitarium that every one who enters can be cured if they will do their part; that fully ninety per cent are cured, and I think I can show better than fifty-eight per cent who have remained cured. And, Doctor, as you are so in earnest to help the profession, I trust they may call for your plan of treatment through the BRIEF, which is such an easy matter, as you claim, and, should you fail to respond, trust they may view your article of criticism in the same sense as I do.

[Written for the MEDICAL BRIEF.]

Quantitative Urine Tests.

BY J. BARKER SMITH, L. R. C. P., LOND.,
Author of "Quantitative Estimation of Urine," London.*

"Centim" is used for cubic centimeter.

There are four simple *quantitative* tests so rapid and so easily applied, that mere *qualitative* tests are unnecessary; these may be described as *daily routine tests.*

1. ACIDITY.—Two centims of lime water, *magenta* colored by a drop of phenol-phthalein tincture; add the urine gradually, shaking the phial, until the *magenta* color disappears. Centims of urine decolorizing form the *divisor*, *the constant dividend* is ·5, the *quotient is the percentage* in terms of oxalic acid.

2. ALBUMEN.—Ten centims of the *clear* urine, two centims of a decimal solution of potassium ferrocyanide, shake the phial and add about ten drops of strong acetic acid. Mix well and examine after a minute for *opalescence.* The opalescence is in ratio to the albumen. After six hours read off the volume of deposit as the *per thousand*, *e. g.*, deposit one centim is *one per thousand* dry albumen. A maximum shrinkage is obtained in twenty-four hours, deposit is then as *ten* to *eight.* If the urine be flocculent rather than opalescent it must be diluted with water; the same is necessary if *deposit* far exceeds one centim. In winter the deposition should take place in a warm room.

3. SUGAR.—One centim of "Fehling's" solution in a test tube, gently boil, if there be no decomposition the urine may be added drop by drop until the last trace of *purple* shall have disappeared. Should one centim of urine be used, and the reduction obscure, glucose is practically absent. If one or two drops of urine should decolorize, such urine must be diluted decimally. The points are: Keep the contents boiling throughout, be critical with respect to end reaction, dilute sufficiently; yellow *supernatant* means too much glucose added. Practice with a little water containing some washings of raisins, prunes, dates, figs, honey, manna, etc. Centims of urine decolorizing form the *divisor*, the *constant dividend* is ·5, the *quotient* is the *percentage* of *glucose* in the urine.

4. UREA.—Pour five centims of *good* chlorinated soda into a half-ounce phial, ascertain the temperature by means of a small thermometer. Pour in one centim of the urine, cork the phial, hold it by the rim so as to add no heat from the fingers, shake the contents *briskly* for ten seconds, *i. e.*, up and down twenty times or more, remove the cork, replace the thermometer, and in about *thirty seconds* read off the increase of temperature at its *acme* or rest. The increase of temperature multiplied by the factor ·28 will afford a product which is the percentage of *urea.* The chlorinated soda solution may be proved good by pouring five centims of it into the phial, letting the thermometer remain *in situ* whilst *two grains* of powdered ammonium chloride are added, and the phial gently shaken. The temperature should mount up nearly twenty degrees for effective chlorinated soda solution.

Bedside Estimation of Urea.—It is very easy to estimate urea in urine at the bedside by means of a half-ounce or one-ounce phial. Two small file marks convert a one-ounce phial, graduated in teaspoonfuls, into a very effective *nitrometer* or ureameter for urea, ammoniacal solutions, peroxide of hydrogen, etc.

The half-ounce phial by a few similar marks, indicating 1·7 centims space between them at the top of the phial, becomes a very accurate ureameter. Pour water into the one-ounce phial, close with the thumb, and inverting the phial let out the water gradually to the level of the sixth mark from the now inverted bottom. Stand the phial down and file a mark below at the level of the water, pour out the water and file a vertical mark (*one*) at the level of the sixth mark. Such is a permanent ureameter. We pour *good* chlorinated soda solution to the first file mark, we add one centim of neutral or not very acid urine, closing the phial with the thumb, we shake briskly (for a minute) until the reaction

* Baillière, Tindall & Cox (one shilling).

is over, when we invert the phial and remove the thumb under the surface of a basin of water. We then read off the centims (quarter teaspoonfuls) of *escaped* fluid. Each centim is ·6 per cent of urea. If there be much foam the phial may be allowed to stand and drain for a minute or two before reading off.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Medical Law.

BY G. W. ALLAMAN, M. D.,
Atchison, Kan.

This subject is a question of much debate, and in my opinion, but little in this line has been accomplished by our doctors and law-makers.

I should like to ask three questions to be answered by my medico-legal brethren.

1. Has any State in this Union a medical law that can be carried into the courts and be sustained?

2. Can any State enact a law, under the constitution, that will protect its people against so-called healers, as scientists, osteopaths and magnetic healers, who do not administer drugs in the cure of disease?

3. Would a strictly enforced law be of any value, either to the laity or the profession?

In asking the above questions I wish to bring a few facts (not opinions), before the profession. We will take, for instance, the State of Missouri, which has a strict medical law, maintains a board of health, and would say to the world, "We protect our people, both doctor and patient." Yet Missouri is the birth-place of osteopathy, the hotbed of magnetic healers. Every ward and hamlet has its "Science healers." Ignorant midwives abound and flourish. Its large cities are alive with "diploma mills."

The only one upon whom this great medical law, of which we hear so much, has any effect, is the poor, plodding medical student who has attended two or three of the four years required, to get his legal diploma, and his funds being exhausted, he quietly opens an office in some rural district, where he hopes to save a few dollars with which to finish his course.

But woe be unto him if some jealous rival concludes he is not being properly protected by the State. He at once brings this great law into force. The poor young man must quietly fold his tents, pack his grip, and sneak away like a thief in the night; while the magnetic healers, Christ-unlike healers, divine fakes and leg pullers flourish and revel in glory on every side. Let me ask the candid thinker, "Is a law of this kind worth its place on our statute books? Should farces of this kind be tolerated in an enlightened country like ours?"

In Kansas we once had a medical law, but the authorities have long since ceased to try to enforce it. Like the prohibition law, which still exists only in name, it is numbered with the things of the past.

Only a short time since two bareheaded beings in human form, stood upon our streets and ridiculed the medical profession and other honest citizens; claimed divine power and a through telegraph line to the Divine Being, but because they claimed that holy power, and opened their harangue with prayer, our police said they could collect no license nor stop these people from gulling an ever-willing public.

These people pay no taxes, do no public work, do not in any way help to keep up this great country, and still no law can touch them.

An ancient female (usually a grass-widow) can rise in "The First Church of Christ," on Sunday morning, announce she is a healer, read a few chapters from Mrs. Eddy's chaffy works in the afternoon, and on Monday morning hang out a shingle, Science Healer, and gull the public at will.

Some foxy peddler, or degraded preacher, can, for a few dollars, take three or four absent lectures from Weltmer, or some other magnetic healer, and hang out his card, Dr. Wouldbe, Magnetic Healer, and what law can stop him? Some men look a step higher and go down to Kirksville, and spend a short vacation, and come back with a diploma as an Osteopathist, ready to battle with

all the ills the human family are heir to without bitter tonics or obnoxious pills.

What must a regular medical student do to put himself on an equality in the sight of the law, with these people. He must spend from one to two thousand dollars, give up four or five years of his best days, wade through foul dissecting rooms, wrestle with uninteresting pathology and inexplainable chemistry, and if he be successful in passing his examination, he is allowed to open an eight-by-ten office and wait until some poor widow or pauper overloads their stomachs from scraps of cake sent in from some church social. Then he can go to work and administer the needed emetic and receive "God bless you" for his pay.

[Written for the MEDICAL BRIEF.]

Protracted Labors.

BY J. A. HOPKINS, M. D.,
Milton, Del.

It is not my intention to take up the time of BRIEF readers with a long dissertation, or a conglomeration of words which no dictionary ever thought of, but to give a few unvarnished facts as I have found them. While the writers and teachers have tried to make matters plain, they have but tended, many times, to mystify the understanding, and we do not all readily grasp situations and conditions at once, especially amongst a multitude of words. Many times there seems to be no way for us to understand but by that stern and shrewd instructor, experience. Should we fail, then we must, of a necessity, take a back seat, lose our laurels as well as our fees.

The first cause or condition of protracted labor is a thickened, hardened and rigid os uteri. This is caused by the more rapid expansion of the muscles of the fundus upward, as a result of the growth of the fetus in utero. This condition of affairs is very discouraging to the patient as well as the physician. The first remedy is patience, and no little of it; other remedies are like these: Unguentum belladonna applied to the os, or, antimony and potassium tartrate, nitrate potassium, quantity sufficient; aquæ puræ, two ounces, given in one drachm doses until the system is under its influence, even to nausea; or, if there are troublesome, nagging pains, then a hypodermic of one-fourth grain morphia, one-one hundredth grain atropia every two or three hours until they are relieved, and the dilatation effected.

The second condition is that of anteversion, caused by a large and pendulous abdomen which, ofttimes, hangs over the pubis in such a manner that when the os uteri does dilate, and labor pains set in, the vertex or head of the fetus will not enter the pelvis, but strikes high upon the promontory of the sacrum, and thereby impedes the labor. If you doubt such a condition existing, then your experience is not up-to-date. Upon examination you will not be able to touch the os, the tilt of the womb is so great. Some of the remedies are: Place the patient upon her back, and by manual manipulation from right to left, and *vice versa*, you may possibly dislodge the presentation, and the head of the child readily enter the straits. If such should not take place, rest the pains, if any, by the use of an hypodermic of morphia, or two grains of opium and one of ipecac every two hours, or as often as it may be best.

A third condition is that of lateral reversion, or a tilting of the womb to either right or left, to such an extent and manner that when the os uteri has dilated, and expulsory pains have taken place, the vertex is pushed down upon the ramus of the pubis, there to remain for many hours, unless removed by natural or artificial causes. The remedies are: Place your patient upon the opposite side, and by a little manual movement, adaptation may take place; but should this not happen, as it is very likely not to do, the next best thing is to introduce one blade of your forceps, lift the head from its lodge, and holding it for the passage of two or three pains, rotation will, in all probability, take place, and then, should it not engage within the pelvis, adjust your forceps and make gentle traction with every pain, giving the perineum time to dilate, and you will effect a natural instrumental labor.

A fourth cause is the lodgment of the vertex upon the pubic bone. This con-

dition is caused by a reversion backward, or by the anterior walls of the uterus being shorter than the posterior. By this arrangement the head drops too much in front, and does not enter the curve. Your remedy is to introduce a vectis, or one blade of your forceps, lift it from its lodging place, and labor will continue unbroken, as a general thing, to its end.

A fifth condition is a fussy and meddlesome old nurse, or sympathetic neighbor. When all things are doing well, and you have laid down to rest, awaiting results, this fussy woman is after you. "Come, Doctor, Mrs. S. needs your attention." "Pains are worse." Or, "Doctor, can't you do any more? Had we not better send for Doctor F.?" And so you are and will be tormented, your patience destroyed, and your confidence in yourself lost. Your remedy is to ask her if she will not please sit down and not worry the patient. Or, if that will not do, ask her to leave the room, and not to trouble, for the babe will be born in due season, without her fuss. Give us hurricanes, storms, mosquitoes, fleas, anything and everything, but, good Lord, deliver us from a fussy nurse or a sympathetic neighbor.

Threatened Miscarriage.

E. N. Campbell, M. D., Good Hope, Ill., says: I have used Aletris Cordial in threatened miscarriage, and find it one of the finest and most efficient preparations that it has been my privilege to prescribe. Aletris Cordial should be used more than it is, although it is largely prescribed, yet, like its twin sister Celerina, is not prescribed often enough to prove its efficiency. Most all cases that these preparations are used in, are of a chronic type, and those that require patience to relieve; hence, if these two remedies are taken regularly and persistently, according to the case, they will satisfy all concerned.

Intertrigo.

℞ Quinine Oleate ..... 1 part.
Lanolin ..... 30 parts.
Olive Oil ..... 20 parts.

M.: To be rubbed on twice a day, after which the parts are to be dusted with powdered starch.

—*Riforma Medica.*

[Written for the MEDICAL BRIEF.]

Auto-Intoxication.

BY F. E. BURGEVIN, M. D.,
Spiro, I. T.

It seems to me that the advice given by the editor of a home paper to one of his contributors would be good for some correspondents of medical journals. When we consider the number of foolish, and even dangerous, measures advised by some medical lunies, we feel like saying, with that editor: "First try your recipes." I have had serious trouble by employing measures which had never been tried by the authors—and no one else. Dr. Abbot, in a recent issue of the *Alkaloidal Clinic*, mentions a case in point.

One physician advises atropine for glaucoma; a second, powdered capsicum, blown up the nose, for hay fever; a third strongly insists upon liberal use of the limb for a broken bone; while a fourth earnestly entreats us to try ergot for a gravid uterus! Our old grandmothers, with their chamber lye and shuck tea were ahead of some of our modern doctors on therapy—to judge from journal articles. First try your own recipes.

As to the solution of cocaine containing one grain of atropine (December BRIEF), I hope Dr. Ball does not mean for us to use it all for one application. Sufficient might be absorbed to produce disastrous results. Professor Miller, of Louisville, once asked a green-room student how much fluid extract aconite he would give a baby. "Oh, about a teaspoonful," replied the student; then, perceiving that something was wrong, added, "and repeat it in an hour."

"No you wouldn't," growled the Professor, "that baby would never need another dose."

The cocaine alone is sufficient, Dr. Ball; better omit the other, for atropine is a holy terror, and no mistake.

Referring to Dr. Dabney's communication, sulphate soda would answer as well as epsom salts. Intestinal antiseptics should also be given, as the cause is usually auto-toxemia. Salines, with the sulpho-carbolates or copper arsenite, have served me well in such cases. If chronic or periodic, citrate of lithia.

This reminds me that while we are looking for some germ, chemical or other poison, to convict of the crime, we forget that poisons formed in the patient's own body are often the guilty wretches. Self-poisoning as a factor in disease is often overlooked. An experience of fourteen years in the practice of medicine has convinced me that auto-toxemia is more often than we suspect the cause of diseased states, and especially uric acid. We have never given full value to this toxine as a morbific agent, in many obscure cases diagnosed as malaria, dyspepsia or anemia—and treated vainly for months, even years, with approved remedies. Salines with lithia have given relief, even in the first days, and perfect cure. In all cases where the symptoms are ill-defined, variable, but persistent, where no trace of organic disease exists we should suspect toxemia. Flush the colon, give salines, followed by intestinal antiseptics; then, if no relief follows, lithia citrate.

In this simple way I have performed cures that seemed miraculous. For instance, last July a man presented with the following history: Fifteen years ago he strained his back lifting. Ever since had pain in right sacral region, radiating down right leg. Pretty regularly, about once a month, he was seized with intense pain in knee and calf, same leg, relieved only by heavy doses of morphia, lasting for days, and totally prostrating him. Becoming more frequent and severe, he became lame, nearly helpless, a wreck. He said that he had tried "everything," despaired of relief, thought nothing would help him. What with the disease and poisons, his condition was indeed wretched. There was no history, personal or family, of gout, rheumatism or uricacidemia; the urinalysis was negative. Therefore, I gave him only the usual routine, trying first one thing and then the other, until both doctor and patient were disgusted. One day he casually mentioned that he sometimes had headache, with cold hands. I had been watching carefully for some symptoms of lithemia—here it was! A slight one, but mark: I began now with citrate of potash and lithia, salines in the morning; also, sodium sulphocarbolate, ten grains every four hours. Nothing else, except plenty of water! No more pain after the second day, and every symptom was gone in a week! To-day he is the picture of health.

This is one example of many equally brilliant results.

One word about lithia. Never use the carbonate. It is decomposed in the stomach, forming the almost inert chloride. Use the citrate or benzoate, the greatest of antilithics. Order plenty of hot water all the time. Lithia is a fine remedy, but give it a chance.

Leucorrhea.

Dr. D. T. Hudgens, Elizabeth, Ark., says: I have used S. H. Kennedy's Extract of Pinus Canadensis in leucorrhea with very good results. I have had under my treatment Mrs. S., age thirty-three years, for leucorrhea, with anteversion of the uterus. I used the White Extract, per vagina, as a local treatment for the leucorrhea, and the treatment was attended with success. I am satisfied that Pinus Canadensis should occupy a prominent position in our *materia medica*.

The Uses of Play.

Dr. Burnham (*Sanitarian*), in an article on Ventilation and Cleanliness in the Schoolroom, has the following excellent remarks on play:

"The largest psychological benefit of play is that it leads to quick judgment and adaptability. Children who are brought up away from their fellows are dreamy, living in several worlds. Such children are more thoughtful and have broader natures, but lack adapting power. Play, physically, gets one into the habit of doing things for the pleasure of doing them. Play increases the capacity of the individual for action.

"Another, social rather than psychological, point is that play lengthens the period of childhood. To be free to grow until one is twenty or twenty-five, perhaps, lays the foundation for future greatness. Play, in keeping up childhood interest, preserves the vigor and optimism of youth."

[Written for the MEDICAL BRIEF.]

Marcus Aurelius.

BY L. G. DOANE, M. D.,
New York City.

I have been requested to tell your readers something about Marcus Aurelius, and as I like to encourage inquiries relating to literature, I have to submit a short historical biography of this excellent man.

Marcus Aurelius Antonius was the adopted son of the Emperor Pius who died 161 A. D. His adopted father brought him up with great care. His favorite study was moral philosophy, and poetry and rhetoric his pastime and pleasure.

Destined for the throne, he was unable to mould his own life. His life was one of warfare, although he loved peace. Although he loved peace, yet he tolerated the persecution of the Christians. Many Christians suffered from his cruelty, among them Justin Martyr and Polycarp. He knew little of Christian doctrines. He is said to have accepted the Stoic philosophy. This philosophy traced all things to formless matter and animating ether. In his biography I find this verse, which explains in somewhat flowery language this Stoic theory:

"The world's great age begins anew,
The golden days return,
The earth doth like a snake renew
Her winter needs outworn."

Our modern epicurean philosophers were an outcome of this Stoic belief, for from them we get the statement that all matter is indestructible, but can be changed only and has always existed; that time was, is, and will ever be, and space but a condition. Hence they advocate enjoyment of pleasure, the banquet, and the satisfaction of the animal passions and tastes. The spiritual does not enter into the lives of these people at all. Listen to Aurelius:

What is death? "It is resting from the vibrations of sensation and the swayings of desire, a stop upon the rambling of thought, and a release from the drudgery about your body."

"It would be a shame if your mind should falter and fail before your body."

"Alexander the Great and his groom, when dead, were both upon a level and ran the same chance of being scattered into atoms or absorbed in the soul of the universe."

"If anyone can convince me of an error I will change my opinion, for I search out for truth, which never injured anyone."

"I do my duty, that is enough; about other things I am not disturbed, for they are without life or reason."

"He that has taken a view of the present age has seen as much as if he began with the world and lived to the end of it; for all things are of one kind and one form."

I could go on and fill page upon page with the sayings of this excellent philosopher, but these extracts will show his belief in what modern writers call Fate.

Should any of your readers desire further knowledge of him, let them read his own book.

Verily! There is nothing new under the sun.

The ancients were a wise race of thinkers, as the works of Plato, Livy and Cæsar amply demonstrate. Our modern thinkers have not their training and many of them confine themselves to science alone. We grow weaker and wiser every day. The magazine rifle has taken the place of the sword and shield, and skill the place of brutal strength. It is a question whether this state of affairs can last.

Nervous Prostration.

Dr. W. A. Baker, Clark's Mills, Pa., says: I have had occasion to try Celerina, and am highly pleased with the results. I have used it with marked success in nervous prostration. A lady, sixty-four years of age, of nervous temperament, was stricken down with congestion of right lung. After the congestion disappeared, her nervous system failed to recover, resulting in prostration. After trying several remedies, I commenced using Celerina, and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.

BY A. B. WOODWARD, M. D.,
Tunkhannock, Pa.

By this term we understand, "a fever produced and maintained by a septic poison in the blood."

The causes are: anything which depresses vital energy, and a failure to throw off by the skin and lungs the poison—which is either animal or vegetable—which is retained in and produces the septic condition in the system.

The most fruitful cause of typhoid is overtaxation of both mind and body, and a succession of colds, closing the perspiratory ducts of the skin when laboring under a state of prostration, and producing self-poisoning by retention of our own secretions which should be excreted through the skin and lungs and other outlets.

The poison in such cases is of animal origin, requiring a different treatment from that produced by malarial poison, which is mostly caused, or produced, by inhalation and enters the blood in the lungs; the latter cause may become blended with self-poisoning by debility of the skin, thus retaining effete matter generated and retained in the system.

Such cases assume a typhoid condition by the eleventh day; a more vigorous vital energy may defer the septic conditions three or four days longer.

A physician's trained nose can detect typhoid conditions, in most cases, two or three days before his eyes will see it, the odor of the breath telling plainly what the tongue and teeth will show a little later on, which is sordes on the teeth and a dark red appearance of the tongue, having the appearance of tanning with hemlock bark, scaly, brown, or smooth, red, and shiny; with, perhaps, typhomania, and attended with either constipation or diarrhea; the more depressed and feeble the vital powers of the system when attacked by the chills, the more quickly in the disease will the typhoid conditions become apparent. Often a common bilious type of fever, or a case of pneumonia, or rheumatism, may assume a typhoid character by excitement, over taxation, or bad treatment. Much may be written on causes of typhoid conditions, yet all the truth can be simmered down in a few words. Thus: exposure, overdoing, and repeated colds, which are always caused by atmospheric influence upon the skin, producing a septic condition of the blood, which, if not eliminated at once by restoring the normal action of the skin and sustaining vital energy, will run to an uncertain termination in twenty-one days, as a rule.

Treatment.—Pure cold water from start to finish, all the patient desires, inside—not outside—but, instead, after fever is fully established have the patient bathed every evening, without exposure to cold air, with as hot water as can be used, adding bicarbonate of soda.

The initiatory chills may be repeated for several days in succession, and this is the stage of self-poisoning; every chill closes the skin for a longer or shorter period, and this period is a critical one, as it retains in the system a deadly poison if the action of the skin is not immediately restored, as much so as in the stage of breaking down of the tissues in the latter stage of the disease; the skin is dead, so far as removing of the deadly detritus is concerned, through it.

As the promptness of the work is, in the incipient stage, in restoring the different organs, especially the skin, as in diphtheria, to the normal condition, and the elimination of the poison quickly, so will be the chances for a favorable recovery. The passages from both bowels and kidneys should be examined and understood. If the water is dark colored, which it usually is, and the tongue shows any indication of becoming a dirty red color and dry, commence the following prescription and continue it to the finish: Fluid extract of baptisia, ten drops; tincture of equisetum, twenty drops; cold water, four ounces; mix and keep covered in a cool place out of the sick room. Give a teaspoonful of the mixture every two hours regardless of other treatment.

Produce a healthy action of the liver with small and repeated doses of podophyllin, one part; leptandrin, seven parts; capsicum, one-sixteenth part; sugar of milk, ten parts; triturate thoroughly. Of this trituration give one to three grains in syrup every twelve hours,

or sufficient to produce and sustain a healthy action of the liver, as may be known by the color and consistence of the passages, which should be soluble and yellow.

For the fever; tincture aconite twenty drops; tincture cactus flowers, thirty drops; water, four ounces; mix and give a teaspoonful in a tea of crawley root "corallorhiza odontorhiza," or in a little water, every hour, or sufficiently often to keep up a free, but not too copious perspiration.

A copious perspiration, produced by stimulating diaphoretics, in reaction after the first chill, for six or twelve hours, is just the thing at that stage, while the system is in a vigorous state, to get rid of the accumulated poison stored up while the chill was on; for this purpose and at this period, the hot crawley root, tinctured with a little capsicum, is the best thing to use.

This remedy, in the incipient stage of fever of any type, is too little appreciated. There is a condition of tongue sometimes in septic conditions, which has a heavy, dirty white coat. In this condition give sulphite of soda, five grains; tincture of capsicum, ten drops; water, two-thirds of a goblet; give a swallow every two hours.

Sooner or later this coating will "slide" off suddenly, and leave the tongue a fiery red, and smooth. Then, as much care should be taken about diet as should be used in convalescence from scarlatina.

A diarrhea, unless of a bright yellow color and excessive, should never be checked, especially with morphine, but regulated with hydrastis and geranium maculatum, and some warming carminative, made into a tea with cream and sugar; a little old whisky will do for the carminative.

If the diarrhea is a muddy color and putrid smell, change the color to yellow with small and repeated doses of the podophyllin mixture, and change or overcome the putrid odor with eucalyptus, in small doses, repeated every two hours.

Diet.—I am opposed to the popular sweet milk diet when we have a red tongue in typhoid conditions, especially if the tongue is red and glossy, smooth, without the appearance of papillæ; rather, sweeten cold water and add sharp vinegar to suit the taste of patient, and put in a piece of light bread toasted well through; or, instead of milk, use fresh cream and hot water with toasted crackers, or malted milk stirred in cold water. In this kind of tongue, a good, ripe apple scraped, will relish. But not too much food of any kind. Cold water is relished, and is the best remedy when the vital force calls for it, by thirst, and do not forget it! Neither give a drug that will debar the patient from having all they want. God have mercy on the past, when the cries for water, in fevers, reached heaven and brought down curses on the past treatment. It is well that the time of such treatment is numbered among the bygones.

In all septic or typhoid conditions, under whatever name of disease, the room should be cleansed often with burnt vinegar, especially after a passage from either the bowels or bladder, and all the excrements buried at once. Never allow them to stand, nor emptied in the water closet—not because of the microbes, for they never produce disease, but disease comes first, microbes after, as scavengers.

All sick rooms should be supplied with a fire for the evaporation of steeping eucalyptus, either boiling of the leaves or evaporation of the extract or tincture, to prevent bad consequences from the inhalation of putrid odors which are constantly escaping from the diseased patient.

The writer has, since 1848, had much experience in the treatment of typhoid fever, and knows what he is talking about when he says that few remedies cover all the good of remedies in the treatment of typhoid conditions with the experimental knowledge of their use. Dosing, with all manner of drugs, is sure to worry the life out of the vital force and help the disease to kill the patient. If I could have but a single remedy, I would choose as pure water as could be obtained for that remedy, and leave the result to vital force, untrammeled, to repair the house with good nursing.

More later on.

[Written for the MEDICAL BRIEF.]

Should Charity Begin at Home?

BY W. T. PARKER, M. D.,
Westboro, Mass.

In considering the question of expansion, we have found many sins of commission charged to the Imperialists, but very little has been said about the omissions.

If the inmates of our charitable institutions could have a vote in the matter, they would be very unanimously opposed to expansion. At least a halt would be called for until the public could be informed of the evils which can not be remedied, because the necessary funds are wanting. One first-class battle ship would require for its building and equipment a sum sufficient to feed a multitude of deserving unfortunates, and in a great many instances be the means of restoring loved ones to home and usefulness; and in some instances be the means of saving lives.

We find countless charitable societies throughout our land, some doing excellent service, but where do we find organized philanthropy interesting itself in the mitigation of the sufferings of those mentally diseased? We refer to unpaid philanthropists! When a gentleman of executive ability and professional worth is engaged to be the superintendent of an insane asylum, the trustees congratulate themselves, and thereupon begin to load the man of their choice with burdens ofttimes too heavy to bear. He is like the commanding officer of a garrison, he must preserve order, maintain discipline, protect the health and safety of those in his care, and supply suitable food, water and fuel. All these questions are perplexing enough, but where is he to find suitable assistants to carry out the wishes of the trustees, the patients and their friends? The public knows little and cares less of the unfortunates who have no property to reach, and no vote to make them interesting.

The medical staff must be employed upon salaries utterly inadequate to secure first-class men. The hired help must be secured from intelligence offices which provide men and women of whose antecedents little or nothing is known. Advertisements for such help read: "No previous experience required." A motley class of fortune seekers are gathered together in this manner, into whose care the future happiness of countless homes are entrusted. The per cent of really capable, honest employes so collected is very small, indeed, and these nurses are given authority over individuals for whose comfort and happiness they are usually conspicuously indifferent. Protests against the failure of such people to perform their duties reasonably well, and indignation at their lack of intelligent sympathy for the unfortunates committed to their care, invariably brings the same reply: "We can not obtain suitable help with the low wages we are obliged to offer."

Those of the patients who can reason upon the subject have given it up in despair. Some may hope that in the future public opinion may demand suitable appropriations to correct these evils! But the community is slow to understand that the misfortunes which have overtaken relatives, friends and neighbors may some day overwhelm others, and that no one is exempt, no matter how high his present social position, or great his accumulated wealth. And so thousands who are inmates in institutions for the unfortunates, read of our charity for Cubans and Filipinos, and wonder if that blessed giving to relieve distress should not begin at home!

Comparatively few thousands of dollars would be required to increase the salaries of the officers of these institutions, thus bringing better men and women into competition. The wages of employed should be much higher, bringing a more intelligent and competent class of applicants for the responsible positions of nurses and attendants.

Money is needed to provide suitable food, wholesome and agreeable to the taste. Think what it is, you who dine luxuriously in your clubs, for thousands just as appreciative as you, who never have the pleasure of a comfortable, enjoyable, wholesome meal! The food provided in the public hospitals may look well on paper for the readers of the annual reports, but what does such nutriment

mean, day after day, month after month, and year after year, to those whose trials and sufferings have made freedom for this world a hopeless dream?

When we appropriate millions for "philanthropic" purposes in the antipodes, the one thing needful to bless thousands of our own countrymen, genuine charity, should not be pushed aside as unworthy of consideration. Confucius wrote ages ago: "When a country is well governed, poverty and a mean condition are things to be ashamed of; when a country is ill governed, riches and honor are things to be ashamed of."

[Written for the MEDICAL BRIEF.]

Reflections.

BY T. Y. LEWIS, M. D.,
Dublin, Tex.

The sample copy of MEDICAL BRIEF for January just received. Enclosed please find one dollar for eleven more sample copies for the remainder of the year 1900, one copy for each month. If they are half as good as the January copy I will be away ahead anyway. Any medical journal is very cheap, and well worth reading, that publishes articles from the pen of such solid and reliable men as Dr. Brodnax, as his articles alone are worth many times the subscription price, besides the contributions from a host of other able and thinking writers. One great failing Dr. Brodnax has is that he seems to do his own thinking; it may be just a habit he has got into, or may be he is naturally built that way, or may be both, and if so he ought not to be blamed for it, because he can not help it. Of course there is lots of stuff published in some so-called medical journals that ought to go to the waste basket, even if the basket should run over; just let it run over—do not let these few lines be any exception to your rule, because I never had any experience in writing for medical journals. I have been reading them a great deal, and practicing medicine since 1856. Many, indeed, have been the fads and fashions and changes in the treatment of diseases in that short time of forty-four years. While there have been many new and very valuable discoveries made, that are a great blessing to the human family, there have also been many theories that are worse than worthless. A few years ago we managed to survive the blue-glass fad. I do not know that any patient derived benefit from it (except imaginary benefit), but it did no real harm that I know of, while I think the same can not be truthfully said of some later fads, for instance, some of the blowhard antitoxin preparations. When they were first introduced, I would not use them, because I did not know what they were composed of, and their effects might prove to be very serious. Later on I learned something of their composition, then I felt less inclined to use them. For the same reasons I never did advise the use of any of the common patent medicines of the day, that the drugstore shelves are loaded down with. I think there ought to be a plain printed formula on every bottle and package of patent medicine that is put on the market. For many years I have thought that every sick person should have at least a fair fighting chance for his life, and not let the patent medicine man fire on him from ambush or masked batteries. He ought to be entitled to a clear, open field fight with the disease, and not be compelled to combat both the drugs and the disease at the same time. When the patient is so unfortunately situated the chances are about sixteen to one against him. In the January number of MEDICAL BRIEF, page 73, under head of "Horse Juice," I think the writer does not condemn the resolution any too strong, but I do think he had better keep loading and firing as long as he can find such resolutions to fire at, for they might be misleading in their nature to some young and inexperienced physician just starting out in life, and not capable of judging correctly for himself. Such resolutions may do him and his patients very much harm by the use of old tainted poisons, and kill his patient accidentally; but the patient would be just as dead as if he had been killed with a shot-gun intentionally. But as my small thirty-two caliber can not penetrate those big things, I will kindly invite some larger guns that can do some much needed good work.

[Written for the MEDICAL BRIEF.]

Curing Cancers—Some Further Formulæ.

BY DRS. PENNEBAKER & TRIPP,
Pleasant Hill, Ky.

The article "Curing Cancers," by Ralph St. J. Perry, in the September, 1899, BRIEF, is so exhaustive that little room is left for a *materia medica* of larger scope, or new ideas in cancer therapeutics.

During the past two years our office has treated an aged man, the subject of an epithelioma of the lower lip; the patient is an inveterate smoker, refusing to moderate his habit.

We finally consulted some old cancer remedies in Gunn's Family Physician, and here furnish the BRIEF two of the formulæ, as being pertinent to Dr. Perry's communication.

The following remedy cured Mary C., of Louisville, Ky., who was afflicted, with cancer of the breast for many years. It was the most dreadful case I have ever witnessed; the odor, or smell, was the most offensive that can be conceived. In three months she was entirely cured. Her daughter's nose was likewise eaten off by this disease, and the same remedy effected her cure:

R	Red Oak Bark	2 ounces.
	White Oak Bark	2 ounces.
	Poke Root	2 ounces.
	Persimmon Bark	2 ounces.
	Black Haw Bark	2 ounces.
	Blackberry Root	4 ounces.
	Sheep Sorrel	2 ounces.
	Red Clover Blossom	2 ounces.
	Cinnamon Bark	1 ounce.

Boil the above articles in four or five gallons of water to one gallon. Strain, and add to each quart one ounce of borax and one ounce of alum; wash the cancer with this three or four times a day, and make a salve of mutton suet, beeswax, a small lump of turpentine and sweet gum, and apply to the sore.

The following remedy is said to cure ulcers and cancers of all kinds: Take of red oak bark, of white oak bark, black haw bark, blackberry briar root, persimmon bark, poke root, of each one double handful, and one ounce of cinnamon bark; put into five gallons of water, and boil down to half a gallon; strain it out well; clean the pot, and put back the syrup into it; add half an ounce of borax, half an ounce of alum, and four ounces of the juice of sheep sorrel, then boil it down to a salve; do not burn it; stew it down slowly; take it off and put it in a cool place. Apply it once a day until the cancer is killed, at the same time keeping it washed out clean with castile soapsuds. When the cancer is killed use a salve composed of equal parts of beeswax, sheep suet, crude turpentine and sweet gum wax, all stewed together. This salve will finish the cure of cancer; it will also heal obstinate sores of any kind.

The second of these formulæ was used by our patient; the extract of barks and roots seeming to have an affinity for the epithelioma by some selective action upon the pathological new cell growth, and causing considerable pain, which was experienced deeply along the lymphatic paths, it seemed. The ulceration improved in appearance, and seemed but to await the healing action of the salve, which was incompatible through an idiosyncrasy of the patient torwards turpentine.

We are, after reading Dr. Perry's article, prepared to try some further treatment with papoid; our patient does not sanction any radical or caustic measures, and as it slowly enlarges, and owing to his age, we have never pressed the treatment to that extent.

[Written for the MEDICAL BRIEF.]

Various Topics.

BY L. G. DOANE, M. D.,
New York.

Certain philosophers have asserted "That coming events cast their shadows before," and an examination of present events prove that he that runs may read the future if he can only concentrate his mind and draw conclusions from the present.

In reply to many of our BRIEF family, I venture my predictions as to the future, and hope they will amuse and instruct all who may pay me the compliment to read my thoughts and conclusions.

Gather about me, brothers; give heed to what I say and treasure up in your

memory, for the seeress has given unto me the prophetic eye.

I predict that in religion new creeds will bid for popularity, that the Roman Catholic church will combine with the ritualists, and that an American will wear the "trident" and an American Catholic church will be established and all now in sympathy with the Pope will join it.

I see in the near future men flying like birds and traveling at the rate of eighty miles an hour. I see men clothed in a new material not made of wool or cotton, but of paper. I see children trained in hygiene and taught to know many trades. I see printing and writing simplified, and signs used for words instead of the letters of the alphabet.

I see houses so made that they can be taken apart and transported from place to place easily.

I predict that a new political party will be formed, and a labor candidate will be elected its president.

That the horse will pass away. That new discoveries in electricity will enable men to cure diseases now pronounced fatal.

That a new substitute will be found for wood and coal, and that electricity will warm, cook and light our houses.

That vessels will sail to Europe in five days, and that handwriting will be transmitted by electricity.

I predict that the time will come when paupers, beggars and idlers will never be seen again. That the lame, blind and sick will be provided for, and that the religion of Christ will become universal and be followed practically.

Much more I could predict, but time and space will not admit. Take heed, brothers, the new dispensation is at hand. Verily I have spoken.

The modern Rapheal.

A Hard Test.

Dr. W. T. Graves, Paducah, Ky., says: I gave Chionia a trial test in a case of chronic hepatitis of ten years' standing, with enlargement of the organ and general emaciation. The results were perfectly satisfactory; cure complete after taking two whole bottles, with an increase in weight of twenty pounds.

[Written for the MEDICAL BRIEF.]

Echinacea.

BY A. B. WOODWARD, M. D.,
Tunkhannock. Pa.

Echinacea (fluid extract) is a remedy of great merit in many cases, especially is it in diphtheria, scarlatina and all others, bearing the stamp of that kind of poison. I am now giving it a trial for cancer, situated in the face and nose, given internally for a blood alterative, and also using it as an external application. When the case came into my hands, the left malar bone was very prominent and hard, veins about the eye and cheek much varicosed; and ulcer in the cheek and ala, extending into the mouth, and occasionally hemorrhage. Have made echinacea the principle remedy for external use, with distilled witch hazel and belladonna for face, tincture ferri and witch hazel for the occasional bleeding, and echinacea and blood root for the internal remedy. My aim is to give echinacea a fair trial in this dreaded disease.

One month of its use has made quite a natural face except the hole, but think the cavity is somewhat lessened. Keep the hole filled with absorbent cotton, wet with the wash for face.

In diphtheria echinacea shows, to even a blind man, its real worth, and only needs one trial to put a sick horse's serum in the shade, besides being much cleaner and safer.

After producing reaction from the chill of diphtheria by a very warm bath, and placed in bed, and the aching all over relieved by the bath—either hot air and alcohol, or in bath tub—and drinking hot recuperator, commence the following:

℞ Ext. Echinacea, fl.....30 drops.
Tinct. Aconite.....20 drops.
Tinct. Phytolacca, fl.....60 drops.
Aquæ.....4 ounces.

M. Sig.: Teaspoonful every hour, or sufficiently often to produce a continued, free perspiration, until the action of the skin is restored, from whence it came.

Then when throat becomes affected and shows signs of the diphtheria coating, use the following: Fluid echinacea, sixty drops; tincture of iron, twenty drops; chloride potassium, one-half drachm, distilled witch hazel and water

each sufficient to make a common size goblet two-thirds full; use for gargle often, swallowing a trifle each time of using the gargle.

I have yet to find a case of diphtheria that this treatment will not cure.

Malignant scarlatina is another disease for echinacea used with belladonna and aconite, and cactus to support the heart. I can not say so much for echinacea in typhoid fever as in diphtheria, scarlatina, malignant sore throat, eczema, and old ulcers, externally, especially indolent ulcers.

In typhoid it does not seem to give me satisfaction. It may do good work for others in typhoid conditions. But gives good results in catarrhal conditions wherever located, and demanding either internal or external treatment.

Several cases of diphtheritic croup have recovered with this treatment, which I am sure would have died had it not been for echinacea.

We can appreciate echinacea added to the gargle after trying other things, and having them fail us of satisfaction, then using echinacea in the above mixture with perfect success.

[The preparation called Ecthol, made by Battle & Co., containing echinacea and thuja, is a far better preparation, because the extract of echinacea is especially prepared for this preparation, and is superior to the commercial fluid extract on the market. By using Ecthol you have a combination that acts very satisfactory in cases mentioned above.—ED.]

[Written for the MEDICAL BRIEF.]

Typhoid Fever.

BY DR. C. W. TOWNSEND,
Bower Hill, Pa.

The *Medical World*, of October, gives a variety of treatment for typhoid fever, from the heights of the Jefferson and University clinics down to mediocrity, and then follows it with as many individual theories. This diversity suggests the query: Is the profession improving and advancing, or only getting bewildered? How is it? The professors say: Boys, come and hear us talk four winters, and we will freeze you out diplomats, and you can practice where you please, when the politico clap-trap board passes you in place of the learned Faculty. At the Jefferson, the Dean required a certificate of three year's reading, and one of scholarship, and two more years of study. When the Faculty handed me the diploma I was delighted. Once a man lived in Eden. He, too, was lonesome. The Good Being put him to sleep and told Gabriel to hold his feet. When Adam waked up some one stood before him. He said: "Who art thou?" She said: "I am Eve, thy wife," and smiled, and Adam was delighted, she was so beautiful.

Now, good brothers, let us see if we can not read Eve's physiology as one of the laws of life. This world may stop, some one may ask what do you know about it? I know this: the fever is a symptom, and we must turn our attention to the lesion and toxins. In health, the brain of the intestinal canal reasons, decides, selects, accepts and rejects, whilst in typhoid the cell agency of the lacteal system is nearly suspended, and nutrition, to a great extent, cut off, until the cells can resume. The first culture was in the sewer and water, the second in the mucous follicles, and the lesion requires time to heal. The best treatment is to watch and pray, assist Nature and ward off accompaniments.

Clip the hair and suspend a bladder of ice over the head. This controls all fever. One fourth-grain mild chloride of mercury renovates and ameliorates for the first few days. The little fellows do not like this food. For tympany, red and dry tongue, use olive oil, turpentine and Listerine—all treatment as indicated. Food—fluid hydro-carbons, strippens and buttermilk, fruit, extract papoid, apple. If a case of depression appears—clammy skin, feeble pulse, sponge the skin and give brandy toddy and Listerine, and a little dilute muriatic acid in the buttermilk to procure better relish for food.

I have treated one hundred cases, thirteen in a family, and not a failure. In another epidemic one failure; a boy laying over a cellar containing a foot of water covered with scum.

In typhoid, the cause is a change of structure, and the effect a change in function.

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Editorial.

No Moral Sense.

There is no man so dangerous to the community in which he lives as the one whose moral sense is undeveloped. Such a man can not understand, or respond to, arguments which have any basis higher than the gratification of animal appetite, or involve personal considerations of ease, comfort and advantage. Moral suasion has no other effect than to arouse impatience, contempt or brutality. Men lacking in moral sense have within themselves no faculty by which to estimate, or measure, the sentiments and feelings which lead others to place duty before pleasure. A man must be able to suffer, as well as to enjoy, before the moral sensibilities quicken. His imagination must be developed before its divine qualities of sympathy, compassion, tenderness, mercy, manifest themselves.

As the doctor's ministry includes advice and consolation, as well as the use of drug remedies, he will often come across the blunders and cruelties of the man who is morally undeveloped. Unfortunately, people seldom recognize this man when they meet him. They take him at his apparent value, get tangled up with him in some of the relations of life, and suffer accordingly. For the man who lives on a purely animal plane, and thinks of nothing but the baser self, leaves a wide trail of crushed and bleeding hearts which put faith in the humanity of a statue.

The man who has moral perceptions, who sees the right and longs to follow it, but whose feeble will makes him unstable as water, has the sympathies of all, for he suffers intensely. Such a man knows both heaven and hell, for these terms but designate a state of consciousness, they do not describe places. The soul is self-emancipated or self-damned, here or hereafter.

The man who aspires, but continually errs through weakness, can be helped by placing him under proper influences and developing the germ of his will. But the morally undeveloped man can not be changed in a single generation. Such a man belongs to the rear guard in the evolution of human being, and can not be promoted by argument. His soul is deaf, and blind, and lame.

The man whose moral consciousness is unawakened makes a very poor doctor. He may possess mechanical talent which will make him a skillful operator, but intuition and the instinct of responsibility are essential to make a good physician. Talent is at the mercy of the unscrupulous man, and will be prostituted to accomplish selfish personal ends.

When we learn to divine those in whom the moral nature is undeveloped, whose souls are in thrall to the body, bound, hand and foot, by animal appetites, benighted, ignorant, unconscious of the

finer feelings, pleasures, needs and duties of life, we shall cease to experience needless suffering. We shall expect nothing more of them than they can give, and will take care to keep them in a sphere of life where the conditions of brute existence will not endanger more precious things.

Carbolic Acid.

The controversy over antitoxin is drawing to a close. A conflict between common sense and credulity can only have one ending. It is being admitted on all sides that the only virtue which antitoxin possesses is in the carbolic acid it contains; the serum is merely tainted horse water.

The curative action of carbolic acid is not due to its antiseptic qualities. Listerine is a much better and safer antiseptic than carbolic acid. Carbolic acid, in strength sufficient for antiseptic purposes, depresses and devitalizes the tissues. But carbolic acid, in minute dose, used hypodermically, has a magical effect in conditions characterized by strength and great excitement of the circulatory system. The heart beats with force, the arteries are full, hard, throbbing, the nerves are tense, the muscles more or less rigid, the tonsils engorged, and the throat so swollen that swallowing, and even breathing, is difficult.

This condition, while terrible to witness and dangerous if prolonged, means great vitality and prompt recuperation as soon as the tide turns. The hypodermic injection of carbolic acid controls these symptoms by its influence over the circulation. There can be no doubt of this, for it controls the throat symptoms in tetanus, hydrophobia, spasmodic croup, etc., as promptly as in diphtheria of the above type.

Carbolic acid is of no benefit, whatever, in the diphtheria of debilitated subjects, for the reason that the conditions to which it is adapted do not exist. There must be present the full, strong, throbbing pulse, high blood-pressure, elevated temperature, dry, burning, perhaps dusky cheeks, glassy eyes, often some delirium. Once seen, these indications are never forgotten. Give carbolic acid in these cases only, and you will be astounded at the rapidity with which all the symptoms are brought under control, and the child who, apparently, stood at death's door, is well in a few days.

The doctor who sees a few such cases treated with carbolic acid will understand how antitoxin, notwithstanding the absurdity of its claims as a scientific discovery, made a certain amount of reputation for itself. Diphtheria, tonsillitis, and similar throat troubles, are common among vigorous children. The circulation is normally both active and excitable in such children. The lymphatic structures of the throat in all children are comparatively larger than in the adult, full of blood and easily inflamed.

With these natural conditions made very much worse by the onset of diphtheria, the spectacle becomes frightful. One or two injections of antitoxin at this juncture, by virtue of the carbolic acid it contains, causes prompt amelioration of the symptoms, and the physician is deluded into giving the credit to the so-called antitoxin. But physicians who have tried the carbolic acid alone, have had precisely the same results, and without any of the after-effects which the horse serum often causes. The serum of a horse, whose blood has been systematically poisoned for weeks, is not a particularly healthy addition to the blood of a sick child.

Diabetes.

Diabetes is most common among neurotic persons. But there is, also, in nearly every case, an *underlying diathesis.* The neurotic temperament lessens the individual's powers of resistance, and the diathesis stamps him with a predisposition to this particular disease.

Diabetics belong, broadly, to two great classes—the anemic and the non-anemic, the fat and the thin. The treatment will vary, somewhat, with the class to which the individual belongs, and will also be somewhat modified by complications.

The florid, flabby-flesh, pink-tinted, sensitive and weak patient, who is always thirsty or hungry, urinates freely,

is emotional, and has little muscular energy or endurance, fares exceedingly well on the following treatment:

R Sodii Salicyl.....3 drachms.
Sanmetto .....8 ounces.
M. Sig.: Teaspoonful four times daily after meals and at bedtime.

To this add strychnia sulphate, one-sixtieth grain, three times a day.

Such patients are poorly organized and lax-fibred throughout. They have little endurance, must be well-nourished and not over-taxed in any way. The physician should furnish each patient a diet card, with instructions to present himself, at regular intervals, to be weighed and inspected from the nutritive standpoint.

The thirst is a feverish symptom due largely to the nervous irritation, and is usually brought under control by the above treatment.

Diabetics often sweat profusely on slight provocation. The strychnine will check this debilitating tendency in most cases.

In the anemic subject, bitter tonics and iron will be required, in addition to the above treatment, to bring the red-blood corpuscles up to normal.

In all cases constipation must be religiously avoided. Bi-weekly thorough colonic flushings should be employed in addition to whatever laxative may seem indicated. Small doses of podophyllin answers well.

The extract of jambul has been recommended in the treatment of this disease. We have had no experience with it.

We can not endorse the use of opium in diabetes. While it soothes an abnormally sensitive nervous system, slows the life processes, and so, apparently, controls some of the symptoms, it also tends to lock up the secretions, and favors the development of coma from self-poisoning. If any preparation of opium is used, Papine should be selected, as it does not check the secretions to the extent that other opiates do, and is not followed by ill after-effects.

We hope that our brother doctors will test this treatment and report results. We should also be glad to hear from those who have a satisfactory treatment, based on experience, for this dread disease.

Racial Facts.

It is well known that each race has a different degree of development. Not realizing this fact opens the door to prejudice and mistakes in governing them. Compare the negro and the Anglo-Saxon. The black man is several centuries behind this highest product of race evolution in point of development. Nothing on earth can put him on an equality, because *facts* are against it. Neither legislation, nor the most beautiful dream of the brotherhood of man, can do away with facts. To judge the negro by the standards which govern the Anglo-Saxon; to expect of him the same character of work, or capacity for judgment, is simply stupid. An ignorant, undisciplined, irresponsible race can not respond to such expectations. It is not yet sufficiently developed. A race must reach a certain stage of development before it can understand the problems which relate to that stage. All this takes time. Evolution is a slow process in which heredity, surroundings, circumstances, experience, etc., are factors. The negro can not discount this process by a miracle, although the Republican party seems to have thought so.

The Northern people, in considering the negro problem, have made the old, old mistake of all reformers. They ignore the *facts* of race evolution, and persist in endowing the negro, in his low situation, with the traits and characteristics which they, themselves, possess. Consequently, they feel a sympathy and pity for him which he neither needs nor appreciates, but is shrewd enough to take advantage of.

The Southern man is the best friend the negro has, because he understands the racial characteristics and sees the negro just as he is. The negro, himself, knows this and says so. The Southerner does not expect impossibilities of an inferior race, nor does he allow the negro to be placed in a position where his lurking savagery can harm others.

For this reason, Southern courts will not accept the unsupported evidence of a negro in contradiction of a white man's testimony. If they did, no white man would be safe from groundless accusations; and self-preservation being the first law of nature, the Southern people

would rise in arms and exterminate the negro before they would submit to such base tyranny.

The Southern people have learned, by long and intimate association, that the negro race, as a whole, is almost incapable of enduring honesty and virtue. Want of this same knowledge is constantly leading Northern people into mistakes which do the cause of national unity, progress and good government more harm than all Mr. Bryan's foolish speeches.

A case in illustration occurred recently at Minneapolis. A singer, a delicate, well-educated white woman of good antecedents, was charged with the theft of a cloak from a negress. The accused claimed that the cloak had been loaned to her. On the unsupported testimony of a negro woman this young white woman, of good character, was sent to the work-house to consort with common criminals, compelled to do work for which her delicate frame was utterly unfit. All because of a Judge's ignorance of *race facts*.

Such a miscarriage of justice could never have happened in the South. These are the things which win votes for the shallow arguments of Bryan and other Populists. Such occurrences arouse distrust of the intelligence and honesty of the people who permit them. Their tendency is to divorce North and South in what would, otherwise, be a loyal and practical consideration of what is best for the nation.

The South wants wise, conservative government and sound finance, as much as the North, but finds it hard to believe in the sincerity of the Northern man, who stultifies himself, and ignores nature's laws of progress in racial development, by his attitude toward the negro.

The Southern man is not the enemy of the negro. He wants to see him elevated, and taxes himself heavily for his education. The Southern people are the best and purest representatives of the Anglo-Saxon race in America. They know the negro problem in its actuality, and propose to deal with it practically. Life will be safer and pleasanter for them when the hordes of half-tamed barbarians, by which they are surrounded, are subdued and developed by natural expedients and methods. In the meantime, they take no chances playing with dynamite.

It would be better for all concerned if the Northern man would take his Southern brother's estimate of a race, which the latter has known long and intimately, in lieu of the distorted, highly colored, sensational pictures, painted by the hectic imaginations of visionaries and fanatics.

Water! Water! Water!

Sewers must be flushed regularly or they become choked up, breed plagues and pestilences in the community.

The body sewers are the bowels, kidneys, skin and lungs. It is the business of these organs to cast out waste and refuse. They can not act in a dry condition. Water is required to hold impurities in solution, to stimulate circulation and glandular action.

In most cases of chronic disease patients do not drink enough water. All the organs are torpid, circulation sluggish, vitality deficient. Non-elimination has resulted in general depression. The body sewers are choked up and rusty for want of lubricating fluid.

If you send these patients to some springs, all of them will be benefited, and many cured. Why? Because they go to the springs to drink and bathe. They have nothing else to do, and so follow the fashion. Several weeks devoted to absorbing water results in a pretty thorough house-cleaning. Such copious drinking also prevents overfeeding, and the patients are restored to health.

Barring the change in environment and manner of living, equally good results can be obtained from the water cure at home. It will not do, however, to dismiss the matter by simply telling the patient to drink plenty of water. He will be sure to forget it or neglect it. You must give him some medicine, a minute portion of which is to be taken in a large glass of water a *specified* number of times daily. This medicine may consist of bitter principles—say an ounce each of tinctures calumbo, nux vomica and comp. tincture gentian, three to five drops in a *large glass of*

water—or a combination of alkaline salts, a pinch dissolved in the water—according to individual indications.

The importance of diluting the medicine after the above manner must be dwelt upon, or you will not get the requisite amount of water into the patient. The bitters, or alkalies, as the case may be, are only to hold the patient's attention and promote assimilation of the fluid.

You will be astounded at the beneficial results wrought by a prolonged course of this treatment in old cases of torpor and general debility, signified by dry skins, sluggish kidneys, constipation, etc.

The Physician's Sign.

Every young doctor, when he is graduated, is in haste to see his spick and span new sign hanging before his office, but he often forgets, as older and wiser heads than his have likewise forgotten, that a physician has other signs, which gain or lose him patronage ten times where the office sign does once.

The physician's appearance and manner are signs which catch the eye and hold interest, if he makes the best use of them. Three-fourths of every doctor's practice is derived from women, and they will not tolerate, if they can help it, filthy language, want of personal cleanliness, discourteous behavior, and so on. The physician who is neat in his attire, considerate in his manner, optimistic in his views, business-like in his methods, attentive to details, will build up good-will twice as fast as the man who holds these things in contempt as non-essentials in practice.

To be sure, actual knowledge and skill are required to make any permanent success, and the man who has these will finally achieve the success. But the man who looks after externals will get a dozen opportunities to *show* whether or not he is a good doctor, where the outwardly careless, negligent man gets one.

The doctor's office, also, is influential in determining the extent and character of his practice. If it is clean and tidy, its furnishings, however plain and inexpensive, selected with taste and a regard for propriety, the waiting patient will be impressed with a feeling of respect and confidence.

Externals do reflect a man's character and capacity more than he is aware of. A neat person, an orderly office, a quiet, sympathetic manner, insensibly suggest that such a man is strong, self-contained, and will not lose his presence of mind in any emergency. His knowledge is organized, classified and stored away in mental pigeon-holes, properly docketed, whence his quick perceptions and trained will can draw and use it at a moment's notice. Such a man inspires instinctive confidence, and any doctor can cultivate habits which will confer on him these advantages.

Externals constitute a doctor's passport to the favor of the community in which he settles, which he must make good by his merit and skill as a physician. Many practitioners are hampered all their lives because they do not realize what an unpleasant presence they bring into the sick-room, how their coarse, unlovely manners grate on the sensitive nerves of patients, or how offensive is the rank odor of strong tobacco, alcoholic liquors, etc.

A doctor can not be too careful in cleansing his hands, instruments, etc., before patients, for many of them have heard so much about antisepsis, they think the physician who is careless about such things is behind the times.

Give some thought to these matters, and see how they will boom your stock and increase your patronage. The reputation of success is part of the success. Care for appearances is esteemed a sign of thrift and progress, where dilapidation and slovenliness are regarded as evidences that a man is going down hill.

"Oh, wad some power the giftie gie us,
To see ourselves as ithers see us,
It wad frae mony a blunder free us,
And fulish notion."

Regulated to Death.

Since primitive, patriarchal government gave way to the more modern State, it has been noticed that nations experience, first, a phenomenal growth, development and prosperity, followed sooner or later by a period of stagnation, depression and general discontent. The causes for this state of things,

while in part natural, are, in the main, due to over-regulation. Every crank who gets a lonesome idea in his head wants a law passed to impose that idea, with its narrow, iron-bound limitations on growing, expanding life, with its ever-new desires, necessities and powers. In a new country men have room and opportunity to develop their individuality. If one discovers late in life that he is in the wrong place, he is not compelled to pinch and contract his developing being into the narrow requirements of a vocation which he has outgrown. He simply puts it away and adopts another which offers a better chance for individual growth and helpful service to others.

But where the narrow law-making spirit is given full sway, men are placed in niches, and trussed up with legal red-tape like a bird for the spit. What wonder that the hardly-understood pain of this bondage, the blind struggles of growing manhood against the fetters of paternalism and over-regulation break out sooner or later in revolts, insurrections, revolutions. In the nature of things it must be so. The instinct of human growth and development is mighty; it must and will prevail, if it has to tear up human institutions by the roots to make room. Governments will be demolished before man can, or will, abandon the purpose for which he was created.

But there are simpler and better ways of accomplishing human destiny than those which involve anarchy and chaos. It is all summed up in one precept: Live and let live. Do not try to regulate everything and everybody. Be charitable, tolerant, optimistic. System, method, order, are good things in their place, but their boundaries can not be defined. A proper balance between these human expedients and the natural, universal forces of evolution can only be kept by a knowledge of and due allowance for the changes which time brings and the principles and laws which underlie and govern these changes.

The American Republic is menaced by the growth of the paternal license system, which, under the specious plea of regulation and protection, aims a blow at man's individuality, and infringes his natural right to work at anything he pleases. What kind of justice is that which requires a man, who may have nothing but an honest intention, some knowledge of his trade, and a pair of willing hands, to *buy* a chance to earn his living by taking out a license? And where is the sense in paying an official to issue this license? If the worker does good work, he will get plenty to do, otherwise not. What is the license for? A good government does not seek to prosecute its supporters for earning the means which maintain it without certified permission. And why tax the workers to pay the salaries of political parasites?

The policy of over-regulation, as illustrated in the growth of the paternal license system, is one of national decadence. It is the greatest danger which threatens popular sovereignty to-day. It is an evil, slow and insidious in its growth, but real and positive in its nature. It is one which must be nipped in the bud if we would escape the shock and horrors which burst upon the French people when they broke the fetters riveted on them by generations of tyrannical regulation.

Say and do all you can to save the American Republic from being *regulated to death.*

Giving.

Loving and giving are words which seem to go naturally together. The loving man is always a bountiful giver of the best things in life. And what are these best things? Are they not those mysterious, intangible gifts from the strong to the weak, which flood the soul with radiance, console and strengthen it, infuse into it new energy and courage with which to wage the battle of life.

The soul is stronger than the body. By the soul's might feeble bodies have performed incredible tasks. The power of the soul, properly influenced, to bid the body take up its bed and walk, is well known to physicians. There is nothing miraculous about it. The physical constitution must be relieved of friction in its parts, its mechanism cleaned and lubricated by the use of material agencies, such as pure drugs, but the *power* which moves this won-

derful human machine comes from the soul.

The soul can not live and thrive without food, air, sunshine and exercise any more than the body can. The soul needs the light of knowledge, the pure, bracing air found on the hillsides of human experience, the sunshine of peace and happiness, the exercise of right thinking and right doing.

When the body falls sick, we know the soul languished first, and the true physician must minister to both. When the doctor has inspected his patient, and prescribed his remedies, he has only done half his duty. He must try to bring into the sick-room a bright, breezy, invigorating atmosphere. His pleasant smile, beaming look and cheerful inquiry are soul tonics. His hearty certainty that things are going on well, his happy face, his kindly sympathy, his warm hand-clasp, his genuine interest, his little jokes and anecdotes, how they exhilarate the patient, and quicken his interest in life! How much faster the time flies after the doctor has come and left sunshine behind him; how keen and pleasant the anticipation of his visits!

Many indifferent practitioners have contrived to gain and keep large practices by these natural gifts, and their generosity with them. Said a lady of one such physician: "I know he isn't a very good doctor, but oh! he does me so much good."

All do not have this natural, superabundant vitality and magnetism, but kindliness, sympathy, charity and optimism can make very fair substitutes, and they can be cultivated and acquired by every one who is willing to make painstaking, self-denying efforts. No other should practice medicine.

The physician must always give more than he receives, and by trying he will find his capacity always increasing, for love is an inexhaustible spring. In time, such a doctor will realize the parable of the few loaves and fishes, which, after feeding the multitude, were yet more abundant than ever. It is truly more blessed to give than to receive, for the giver lives in the harmony and sunshine he creates, and loses sight of that jar and friction and lack which sadden so many earthly lives.

Begin at the Bottom.

In mother England, where the population is so much more crowded than with us, they have a term, jerry-built, to describe houses hastily and unsubstantially put up. Don't build the structure of your reputation in any such careless and unscientific manner. Lay your foundation secure and strong. Begin at the bottom. Many failures are due to the ignorant and foolish desire of young people to begin where their fathers leave off. Experience can not be discounted in this way. Nature will not have it. Such a career, like the jerry-built house, is always breaking down.

The desire to enjoy the business or professional eminence, the social position and material advantages, which they have acquired by a life-time of industry and effort, means to try to get along without the formation of correct principles, the development of character, which experience alone can give.

Besides, to a true man, the struggle of life is wholesome and sweet. The bread which he wrestles for has a flavor all other lacks. A prospect seems doubly fair, to which a man climbs, cutting a step at a time, and pulling himself up by main strength. The respect of our fellow-men is better appreciated when we feel that we have earned it. Consciousness of life is keener and deeper in the man who cheerfully serves his apprenticeship before he calls himself master. He has all the energy, courage, resourcefulness, application and thoroughness of the practiced hand, who knows what he is about, and is not alarmed, or confounded, by emergencies which stampede and overwhelm the unprepared soul.

So let the young doctor be satisfied with the day of small things. Let him begin at the bottom, with the cheerful determination to stand at the top so far as hard work and experience can fit him for the dizzy height. He need never be ashamed to say "I don't know" in a frank and self-respecting way. If he is honestly trying to learn, everybody will be anxious to help him and feel an interest in him. Older physicians will be flattered by the distinction which he makes in favor of their greater ex-

perience, and will be only too glad to give him valuable pointers for his guidance. So far from hurting him, his admission of honest ignorance, which he desires to remedy, will win confidence for the man who knows he is ignorant is sure to learn. He is spoken of as a bright and promising young fellow, certain to get on.

Don't be afraid to begin at the bottom. You can't fall any lower, and you must get up if you begin at all.

Uric Acid.

Investigations into the subject, from time to time, go to strengthen the belief that too much meat-eating is responsible for the formation of uric acid in disease-producing quantities.

To dispose of meat satisfactorily, requires active gastric digestion, a constitution in which fluids are abundant, the organs small and actively engaged in growth and development. Such conditions usually cease to obtain after adult life is reached, and food is required, chiefly, which will supply energy, heat, vital stimulus. The construction of the human machine being completed, the principal need is fuel to run it. A small amount of meat, or other albuminous food, will suffice to repair actual tissue waste in most instances. Particularly is this true of torpid systems.

Imperfectly digested meats are not readily oxidized and eliminated, but linger and accumulate in the system in the form of uric acid.

The symptoms of this condition depend upon the degree of saturation with uric acid, whether it circulates in the blood, as in spring, and mild damp weather, or is precipitated in the tissues and joints by a sharp change in the weather. Also, the varying susceptibility of the different organs, according to individual constitution. One man will have asthma, another irritable bladder and prostate, a third sick headache or rheumatism, etc.

In every case, the uric acid is the underlying cause of trouble, and must be eliminated, and its excessive formation checked before the patient can be pronounced cured.

To this end, he should be allowed meat but once a day, should eat fresh fruits, especially apples, in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are acceptable substitutes for meat. In collapse of the stomach, due to sudden changes in the dietary, meat broths will help the patient adjust himself to new conditions. Pure honey is good for uric acid patients.

In uncomplicated cases, Lithiated Hydrangea will be the only remedy needed in addition to dietetic reform, and plenty of water.

The Individuality of Disease.

The medical man of inquiring mind, who listens to the discussion of any disease at one of our medical societies, is struck with the wide variance in the views and opinions of those who take part in the discussion. All may be eminent men of much experience, and all are anxious for the truth, yet it is seldom that any two of them agree entirely in their ideas and methods. This difference is especially noticeable in the matter of symptoms and treatment.

What is the reason for such a wide divergence of opinion and practice, based upon the personal experience of men equal in ability and success?

The cause of difference lies in the *individuality of disease*. Disease is not an entity, but simply wrong life, influenced by heredity habits and circumstances. That is to say, disease is not a scientific abstraction, but wrong life manifesting itself through, and modified by, individual constitution, temperament and manner of living.

Take a simple illustration—cold in the head—affecting a man of nerve-sanguine temperament. He is suffering intensely, can scarcely breathe, throat choked up, restless and feverish. He appears so sick, you are much impressed and tempted to give him heroic treatment. But you remember the elasticity and recuperative powers of this temperament—that it reacts powerfully to slight influences, so you give small, repeated doses of aconite and ipecac, followed by a little, a very little, nux vomica, and the patient is well directly. If it is

your first case of the kind, you are amazed at the quick transition from acute illness to perfect health. You chant the praises of this treatment, and advocate it indiscriminately for colds.

Then you strike a case of cold in the bilious temperament and your confidence gets a shock. Your remedies produce but little effect, and that effect is only temporary. The cold drags on. Then you note the yellow coat at the base of the tongue and prescribe a cholagogue cathartic, with circulatory stimulants, such as the ammonia preparations, followed up, if necessary, by bitter tonics and iron. Thus you effect a cure, and your previous experience is modified.

Now, if you put two and two together, you will not feel hopelessly at sea in the treatment of colds. You will simply learn to discriminate. You will come to associate a certain temperament and constitution with a certain plan of treatment, and adapt the latter to the patient. Both treatment and patient will vary a little in nearly every case, but general principles remain the same.

For instance, if the lymphatic element predominates in a patient, you will allow for constitutional inertia by giving larger doses of nerve stimulants. Such patients will bear immense doses of strychnine with benefit, because the nervous structures are poorly specialized, and the circulation in brain and cord small.

Another reason why the experience and views of physicians differ so radically is because, in the progress of a practice, the principle of natural selection and affinity is operative to a certain extent. Gradually, a physician attracts within the sphere of his work and influence patients whose nature corresponds most closely to his own. As every man is influenced in all he says and does by self-knowledge, he naturally appeals strongest to those most like himself. To put it concisely, a man, especially a professional man, finds his best market among those of similar tastes and needs.

The knowledge and application of these principles, which underlie all successful practice, will help the doctor to steer his boat correctly through unfamiliar waters.

Materia Medica.

Beliefs have much to do with our practices, and the right kind of beliefs are responsible factors in our successes.

The doctor who does not believe in drugs, naturally does not investigate their action and potency in disease, and so acquires no knowledge on the subject. He does not practice medicine, in the true sense, because he is paralyzed by a pessimistic belief. He is not a success because he is familiar only with the negative side of life, and has nothing of positive value to offer mankind.

For every evil there is a cure if we can only find it. The doctor who is handicapped by drug pessimism can cure himself. Let him first turn his attention to demonstrated facts in therapeutics. There are some things which we know beyond a doubt. It is settled that quinine is antagonistic to malaria; that Papine is soothing in painful and inflammatory states; that salicylate of soda will cure muscular rheumatism; that Sanmetto will relieve prostatitis; that belladonna dilates the pupils; that pilocarpine causes vigorous sweating; that Bromidia will put you to sleep; that ergot contracts the uterus; that strychnine braces the nerves; that a mustard plaster irritates and a poultice soothes and relaxes; that Celerina controls extreme nervousness with vague pains; that Chionia will whiten a jaundiced skin, and dissipate the irritability of a jaundiced mind; that chloroform and ether will induce profound unconsciousness.

These are a few familiar instances out of many known facts in medicine. The action of these, and other remedies, is modified by the temperament, constitution, present condition, habits, etc., of the patient; the strength, purity, and dosage of the preparation. Therefore, the prescribing physician must have not only knowledge of drugs, but must have intuition, discrimination, experience, knowledge of human nature—and *reliable remedies*, to make clinical success.

But if the doctor starts out with a definite, if small, store of information about drugs; is content to work for his experience, and to attribute failures to some want in himself, to substitution or poor quality of his drugs, or the patient's neglect to carry out instructions—all

conditions which can be remedied—his knowledge will increase and be modified until gradually he attains wonderful precision and ability in prescribing. He is a success; he is an optimist; he has a high opinion of *materia medica* and therapeutics. All because he did not take it pessimistically for granted that there was nothing in drug-medication, but was content to begin with a few facts, to study, experiment and learn all he could, leaving it to the future to bless his efforts, and his cheerful, willing spirit, with an abundant harvest of knowledge and usefulness.

Thanks.

We have received hundreds of letters lately regarding our editorials. Most of them contain unqualified endorsement and commendation. Now and then one dissents from our views on medicine, religion or politics; but all appear to recognize and appreciate the spirit of our efforts to help the doctor and watch over his interests as well as we are able.

This is all very nice, and we want to say a word of thanks in return. To be understood and appreciated, is probably the highest pleasure on earth. It makes work pleasant, strengthens and encourages the worker. The editor has a great advantage in working with and for an unusually intelligent and responsive class of men. The BRIEF numbers among its contributors some of the ablest writers on medical topics in the world. The BRIEF has, also, been instrumental in bringing into publicity that great wealth of practical knowledge hidden away in American towns and country cross-roads. The MEDICAL BRIEF believes in the country doctor. For good common-sense, scientific observation of symptoms, perception of general principles, correct judgment of same, with practical ways and means to cure, the country doctor can not be surpassed.

We want to make the BRIEF for the coming year better and more useful than ever. We shall do our part fearlessly and to the best of our ability. We expect those who read and write for the BRIEF to contribute their share to this end. If you believe in the BRIEF, say so; spread its gospel. The work which we are doing is a co-operative enterprise; its object the betterment of man, the progress of medicine and the welfare of the individual doctor. Everyone who reads this is interested in seeing these things accomplished. Then push the cause. The way and means are left to the individual judgment, but do something.

Over-Culture.

In the true sense of the term there can be no such thing as over-culture, but many people mistake the real nature and purpose of culture. Culture which exists for itself only, which has no practical outlet, performs no useful work, is an abnormal development. An illustration will best show what we mean.

A certain rich man got out of health. His physician diagnosed Bright's disease, told him it was usually fatal, treated him tentatively along routine lines, and, the patient getting no better, advised him to see another physician.

The patient did consult a number of eminent city practitioners. Each one was master of the pathology and morbid anatomy of the disease. The patient's symptoms were analyzed, and the diseased process going on in the kidney explained with microscopic minuteness for his edification, but there the highly cultivated mind of the eminent doctor invariably stopped. Medical authority having long ago decided that Bright's kidney was sure to prove fatal, the treatment was of little importance in his estimation, so the celebrated doctor pocketed his large fee and signed the patient's death warrant in a perfectly regular and scientific manner.

It probably did not even occur to any of these highly cultured men to look at the case from the patient's standpoint. They conducted their investigations in strict accordance with medical traditions and the teachings of authority. They were so interested in the scientific aspect of the case, so pleased with their ability in diagnosis, their knowledge of the pathology and progress of the disease, so influenced by the instinct of conformity, they entirely overlooked the tie of brotherhood between them and

the poor patient sitting at the bar of medical judgment. They forgot his natural claims on them. They forgot that life and hope are synonymous. That the main business of the physician is to struggle with disease, not to be satisfied with a correct description of its cause, course and termination. Physicians are not the historians, or biographers of disease, so much as warriors engaged in active battle with the foe.

Well, after a while, our patient accidentally came under the care of an old country doctor who did not know so much about Bright's disease, anatomically and pathologically considered, but he saw right away that his patient was a sick man in need of help.

He looked at the brownish-grey tongue, felt the slow, hard pulse, noted the foul breath, slow respiration, colorless, dead-looking skin, heard the man's complaint of dizzy spells, headache, difficulty in sleeping, learned that he had been troubled with constipation and gaseous dyspepsia for a long time. Then he went to work.

With the aid of cathartics and enemas he delivered the man of a gallon of feces which had gradually accumulated in the colon, saturating the system with poisons, and acting as a constant source of reflex irritation and vital waste. After the system had been thoroughly cleaned out, tonics and renal alteratives effected a speedy cure of all symptoms, and the patient, devoted by over-culture to an early death, returned to business a well man.

Dependence upon authority, the idiotic desire for conformity in diagnosis and treatment and the tendency to run after German fads, are chiefly responsible for the impotent character of ultra medical culture. Much of it is pretentious, pedantic and egotistical. Love of science is well, but love of humanity is better. Medicine is essentially a practical art and a little knowledge of the principles of treatment united with common-sense and an earnest desire to help the sufferer, are worth more to the world than any amount of barren culture.

Let us stop running after authorities and foreign fads and do some thinking of our own. Facts go to show that during the last hundred years more genuine discoveries and more real medical progress have been made in America than in all the rest of the world combined. But our own work has to go to Germany for prestige to satisfy our snobbishness, and we prefer, apparently, to glorify such quacks as Koch and Behring instead of appreciating and developing our own independent powers and superior advantages.

Growing.

Cold storage food is one of the great and growing evils of the times. Large plants are being erected for this purpose in the cities; smaller ones will follow in the towns. Beef, mutton, poultry, etc., will be bought in large quantities, killed, dressed and put in cold storage, to be disposed of according to the demands of the trade.

Physicians know that meats kept on ice a few days are not damaged materially, but such foods kept weeks or months are utterly unfit for human consumption. After death, animal foods soon lose certain life principles which constitute the essentials of nutrition. This is not a matter of theory, but of fact, and can be easily demonstrated. Should a person attempt to live on cold storage foods alone, he would soon have indigestion, diarrheal troubles, lose weight, and suffer those indescribable pangs which accompany chronic want. In time, he would starve to death. The diarrheal disturbances so common at summer hotels, and usually ascribed to change of water or climate, are in most cases due to the innutritious character of cold storage food.

This evil is going to grow and extend. We, as physicians, may as well recognize and prepare for it. Cold storage will become a heavily capitalized industry. Cattle and poultry will be bought in enormous quantities on a favorable market, killed and stored for future use. Some of this food will be fresher and in better condition than the rest; consequently, it will be graded as to quality, and priced accordingly. The cheapest and most harmful will be in greatest demand.

The ease, convenience and cheapness of this arrangement, viewed from a

purely commercial standpoint, will make hotel, boarding house, restaurant keepers, and many butchers, depend entirely on the cold storage business for their meat supplies.

The consequences will be disastrous for a time. The people will not know where to look for the true cause of their sufferings. But a reaction will come. Sooner or later, some enterprising butcher will return to first principles. He will go into the market, buy and kill his own meat. He will issue a little pamphlet calling attention to the evils of cold storage food, its lack of flavor, repugnance to appetite, its injurious effect on the digestive organs, its failure to nourish the individual. He will announce that he is prepared to furnish fresh meat, killed and dressed under his personal supervision, at a small advance over cold storage prices, and he will make a fortune.

In the meantime, the doctor must do what he can to guard the public, and instruct it as to the dangers of cold storage food. He must bear it in mind, as an ever-present, possible cause of digestive and assimilative disturbances, not otherwise easy to trace. If the physician accustoms himself to inquire into the character and source of his patient's food, and warns them of the evils lurking in stale products, he will do much to form an enlightened public opinion, which will hasten the reaction against cold storage food.

Queer.

It is a remarkable fact that American politicians seem unable to look at anything from a practical, common-sense standpoint, or to manifest patriotism of a true and loyal quality.

Illustrations of this lack on their part are only too common. Perhaps the most glaring of recent instances is the discrimination in favor of imported German synthetic drug products, and against American proprietary and patented remedies, by the construction placed on that clause of the war revenue law relating to the sale of medicines.

It has been officially declared that the immense class of foreign-made drugs, such as sulphonal, trional, phenacetine, etc., is exempted from taxation!

What does this mean?

It means that any American doctor or druggist who makes, say, a simple anodyne from garden lettuce, labels it with his name, and claims for it superior excellence of preparation over ordinary commercial products, and prices it at a small margin above cost of manufacture, must pay a stamp tax which almost swallows his profit. On the other hand, the German-made synthetic chemicals, which cost, on an average, twenty-five cents a pound to manufacture, yet are sold for as much an ounce, which are protected by a patent monopolizing both the production and sale of the article, are exempted from revenue exactions.

This is so very queer that we can not help wondering if anybody has been bought. The whole piece of business is so singular, so senseless, so disgraceful to the heads and hearts of all concerned, it would be a relief to be able to discharge the whole blame of the matter on the venality of some purchasable official. A black sheep may stray into the whitest fold, but it is discouraging to feel that Americans wantonly discriminate against their own, especially when the whole civilized world acknowledges that American manufacturing chemists are in the lead in the production of fine pharmaceutical products.

Medicines are as necessary as meats, and should not be taxed at all. Anything and everything should be levied on before medicines and foods. But if we do tax medicines, common sense should lead us to tax heavily the German-made, patented, monopolistic remedies, the sale of which takes just so much money out of this country, rather than grind the American chemist, whose business and industry contribute to the prosperity and resources of the nation.

It seems to be a strictly American tendency to ignore, disregard and cry down American products, to run after and build up the other fellow's interests. It is enough to make a man who loves his country die of shame, it is such a confession of cowardice and gullibility.

Write to your Congressman, brother Doctor, and let him know that there is one intelligent, patriotic class of men

in America, who sees and understands what is going on, and protest in the name of justice and the financial interests of the nation.

No doctor can feel willing to see foreign, synthetic drugs sold at twenty-five dollars a pound, which cost twenty-five cents to make. These remedies cost four times the price in the United States which they command in Europe, or even in Canada. The German Government, itself, does not give them the protection at home which our free government throws around them.

The fact that American agents of the German manufacturers ask American physicians to pay a dollar an ounce for what costs only twenty-five cents in Germany or Canada, shows the contempt in which they hold us. They are coining our credulity, gullibility, willingness and readiness to be imposed upon.

Doctor, wake up the man who is representing you in the National Councils at Washington.

Alcoholic France.

France is very much exercised over its degeneracy. The falling birth-rate, the prevalence of nerves, the taint of insanity, the corruption of morals, the absolute want of self-control in all departments of life, has aroused the instinct of self-preservation in the French people. Accordingly, the nation has gone to work, systematically, to determine the causes of decay.

The investigations of the Academy of Medicine show, conclusively, that alcohol is, at bottom, responsible for French degeneracy. These investigations, pursued separately in the different provinces, show that crime of every sort has increased in direct ratio with the consumption of alcohol. At the same time the birth-rate has diminished, and insanity, suicide and infanticide has increased. The growing number of men exempted from conscription as unfit for military service speaks for itself.

The conclusions of the various committees are based upon statistics covering a period of fifteen years. The work has been done painstakingly and without prejudice. There is no room for doubt that the excessive use of alcohol —aided by the poison, absinthe—is the primary cause of racial degeneracy. Minds crazed by drink, souls demoralized by habitual surrender to the appetite for drink, bodies debauched and enfeebled by alcoholic poison, can not make a successful struggle for racial survival. Judgment and will-power are needed to win the race, yet these are precisely the powers which yield first to the effects of chronic alcoholism.

To the doctor, the French people exhibit all the symptoms of mental alienation, due to alcoholic saturation—the inveterate suspicion, the exaggeration and distortion of commonplaces, the intense egotism, absence of respect for individual rights; in a word, the vitiation of the moral sense, which leads, by sure steps, to progressive deterioration.

The one hope for France is that the people may fully realize the widespread and growing corruption which alcohol is causing, and be shocked into reform. Otherwise, it is only a question of time when France, as a nation, will cease to exist. No people, least of all the French, can long withstand the constant drain on vitality, the cessation of mental and moral growth, the overturning of the everyday principles governing life's activities, which chronic alcoholism brings in its train.

From such horrors let physicians everywhere exert themselves to preserve America.

The Two Methods.

There are two methods of treating disease—the European Continental and the Anglo-Saxon. The exponent of the former regards the patient as a mere machine to be put in order; ignores him as an active, living factor, in prescribing treatment. With the continental physician the treatment is everything, the patient an incidental feature of practice. The latter must submit himself to the authoritative dictum of the physician much as the criminal gives himself up to the civil authorities. The patient abides the good-will and pleasure of his doctor, who always considers what is due to the dignity of science as repre-

sented in his person, rather than the (to him) commonplace cure of an insignificant human being.

This method of practice explains the prevalence of fads in Continental Europe—the continual vaunting of personal opinions as real scientific discoveries. All the medical discoveries made in Germany of late years—bacteriology, serum therapy, etc.—are spurious in their nature, and temporary in their influence. They will, undoubtedly, be repudiated *in toto* as Time marches on. They have no practical claims, and progress has a way of eliminating useless things. These so-called discoveries would never have met with even partial acceptance but for the assertive, dictatorial behavior of their authors, and the unquestioning mental attitude of medical men trained to slavish dependence on authority.

Consider how different is the method of the Anglo-Saxon physician, to whom medicine looks for salvation at this time.

To the Anglo-Saxon doctor, the patient is the central feature of his art. He wants to know the family history, present condition, natural constitution, temperament, situation, occupation, habits, etc., which influence his patient. Having gotten all possible information which the patient, or his own senses, can give, the doctor sifts it by the light of experience, and then plans out a treatment which will reach and correct the results of wrong living.

If the cause of disease is principally mental, due to ignorance or moral feebleness, he will give his patient wholesome advice, some optimistic philosophy, along with the indicated drugs. If the symptoms are physical manifestations of a too one-sided life, he will show the patient how to develop his nature.

The hunger of a keen but narrow mind often shows itself in irritability, extreme nervousness, an unrelenting spirit. Feed it. Divert its energies to the consideration of new thoughts, and it will cease to wear upon the body. Growth and development will take the place of self-consumption; the harmony, which is health, will return. So, too, the individual who is dull, torpid, takes no interest in anything for want of gayety and recreation, can be energized by a little merriment.

The Anglo-Saxon physician draws help from every possible source. His sole desire is to cure his patient; himself is forgotten. Before this desire, the walls of pathies, the dignity of science, the personal claims of "discoverers," disappear. The Anglo-Saxon doctor would just as soon use some old woman's tea, made from roots dug under a new moon, as some more pretentious remedy, if results justified him. Practical demonstration is what he is after. A wet pack, a diaphoretic tea, an infusion of faith, the influence of suggestion, the force of hypnotism, a standard proprietary remedy, an alkaloid, a biochemic salt, a specific medicine, a homeopathic trituration, all stand on a level with him. All he wants to know is, Will they help my patient? And he answers his own questions by trying them.

It is hardly necessary to ask what will be the results of these two methods. History repeats itself. The genuine nature of the progress made by medicine in Great Britain and the United States in the last century, and the unreal character of the pseudo-science prevailing in Continental Europe, ensures the absolute ascendancy of Anglo-Saxon medicine at no distant day. As soon as we fully realize our superiority, our dominion begins.

Pretense.

There are three departments of knowledge in which the average man who lacks an inquiring and logical mind is easily fooled, to-wit: religion, politics and medicine. Accordingly, it is in these three branches that pretense most flourishes.

We have all met the psalm-singing, loud-praying, Scripture-quoting individual, whose religion is always in a state of effervescence, and who rolls his eyes and holds up his hands in holy horror of the other man who refuses to swallow creed and dogma whole, but when you come to have practical dealings with the sanctimonious person, nine times out of ten you get the windy

side of the bargain. Whereas the quiet individual who may seldom go to church, has little to say about the Lord's being his bosom friend, and no time to be shocked at the depravity of human nature in failing to embrace a rigid creed as the only chance of saving grace, is actuated by simple honesty, a plain sense of duty in his relations, business and social, with others.

Which is the better man of the two? Which the pretender? One is all profession; the other lets his life speak for him.

It is the same with the claims of the two political parties. The Republican party has had comparatively little to say in the way of denunciation of trusts, but it has given us the only effective anti-trust legislation we have, in the shape of the Sherman law. On the other hand, the Democratic-Populistic party has ranted and howled about the evils of trusts and the danger to the "dear people," while all the trusts in the country have been regularly repairing to the Democratic States of Delaware, New Jersey and West Virginia, to incorporate under favorable Democratic laws.

In our own State of Missouri a great anti-trust Democratic-Populistic meeting was held to ventilate the subject. Rhetoric and rhodomontade flowed in meaningless streams of eloquence. Impractical tirade and invective were launched with tireless industry. Articulate tears and perspiration were shed at the thought of the dear people's suffering. Collars wilted and the city was befogged for a week. Leaders and machine were agreed that the combinations of capital and industry, known as trusts, were unfriendly to the interests of the people.

What did they do? Turned the meeting into a Democratic pow-wow, and drove away the Republican governors, who came here under the impression that there was to be a serious discussion of a very serious subject.

Again, the street railways of St. Louis, capitalized at a few millions, wanted to combine. The law as it stood was unfavorable. Accordingly a *special bill* was introduced and passed by a Democratic legislature, signed by a Democratic Governor, permitting the combination of street railroads at a capitalization of ninety million dollars!

Mr. Bryan's profound platitudes were hardly cold before this remarkable event took place in the city where they were uttered. His sympathetic indignation, inspired by the wrongs of the beloved people at the hands of trusts, has resulted in a combination of railways which has practically monopolized the service. The consequence is that the number of cars on each line can be reduced to cut down expenses. The dear people who pay for a seat do not get it, but think themselves lucky to be let hang on a strap and discuss the evils of trusts, which the Democratic-Populistic party will wipe out with a strong hand as soon as it is placed in power.

Which party is the pretender? The Republicans, who say little, but deal practically with existing conditions, or the Populistic element which claims to represent and govern the grand old Democratic party of our fathers, yet has no principles and is true to nothing?

Pretense always takes it out in *talk*. The old, original Abolitionist who still misunderstands and depreciates the South, and the hasty, fire-eating Southerner who retains his hatred of the Yankee and all appertaining to him, are the men who did not go to *war*. Northern and Southern men who *fought* learned to know, respect and love each other. They staked everything on their convictions and settled their differences once and forever.

Dyscrasia of the Secretions.

The term, dyscrasia, means a morbid condition of the blood and secretions of the body. It is always present in blood-poisoning, auto-intoxication from retention of poisons in the system, chronic ill-health and great debility from any cause.

The degree of the dyscrasia depends upon the nature of the cause, the vitality of the patient, and so on. When it is sufficient to cause a breaking down of the tissues and blood corpuscles—a saturation of the secretions with morbid

matter—we find patients suffering from boils, carbuncles, gangrene, abscesses, purulent discharges, cold sores, ulcers, putrid diphtheria, child-bed fever, typhoid, and other fevers due to blood-poisoning, suppurative discharges of all kinds, etc.

When the doctor is confronted with any of these diseases in a severe form, his heart sinks. The patient is so prostrated, the tissues melt away with such rapidity, the system is so slow to react to ordinary treatment, there seems little room for hope from the start. Yet, if anything is to be done it must be done quickly.

The experience of the profession with Ecthol indicates that it is an invaluable remedy in precisely these conditions.

Ecthol has been thoroughly tested in the various morbid conditions due to dyscrasia of the secretions. Where put in use immediately, both internally and as a wash, or local application, it gives brilliant results. It acts equally well in infection from any cause—the bite of a snake or poisonous insect, contact with pus or virus of any sort, or auto-intoxication.

Just how it acts is hard to say, but it certainly does produce a vitalizing effect on breaking-down tissues and unhealthy secretions. In using Ecthol topically, ulcers, running issues, etc., should always be cleaned and dried with absorbent cotton, or dry warm air from a rubber bag, first. The doctor will find it profitable to carry this remedy in his bag, or keep it in his office.

In many people, the face is chronically disfigured by pustules, blotches, pimples, etc., to their great distress. Keeping the face constantly wet with the Ecthol, and taking a teaspoonful internally, four times daily, will cause the face to clear up in a short time, and the patient will enjoy better health generally.

If Ecthol continues to fulfill expectations as satisfactorily in the future as in the past, as it undoubtedly will if the doctor is careful to avoid substitutes and imitations, it will be a host in itself, for we have no other remedy which meets these precise indications. We advise those who have had no experience with Ecthol, to try it for themselves.

Suggestion.

Thoughtful physicians everywhere are much impressed with the power and utility of suggestion as a therapeutic force. As an aid to medication, especially in the management of impressionable and refractory patients, it is of inestimable value to the physician who knows how to use it to advantage. It is impossible to do this intelligently, however, without some study of the constitution, operation and laws of mind. The consequent demand for plain, lucid instruction on the subject has flooded the market with literature, good and bad.

The Editor has familiarized himself with most of this literature, and thinks the general practitioner can not do better than to take the Special Mail Course in Suggestion, by Herbert A. Parkyn M. D., C. M., published by the Chicago School of Psychology, 4020 Drexel Boulevard, Chicago, Ill. The author appears to have a thorough understanding and grasp of his subject, and succeeds in making it very interesting and instructive to the reader.

Notice.

The annual meeting of the Tri-State Medical Association of the Carolinas and Virginia will be held in Charleston, S. C., February 20, 1900.

This is the second meeting of the Association, which promises to be of much value, from a scientific and practical standpoint, to its members. The program will be of rich and varied character, interest centering about the discussion of the Negro, his sexual life and character, the influences of environment and heredity. The discussion will be opened by Dr. Paul A. Barringer, of the University of Virginia.

Punished for Substitution.

In another column we publish a decree issued by Judge Kohlsaat, of the U. S. District Court at Chicago, perpetually enjoining one Edward Otto, a druggist of that city, from selling or dispensing any substance in imitation of, or any substitute for, Fairchild's Essence of Pepsine when Fairchild's Essence of Pepsine is prescribed or asked for; or

from representing by word or action that any preparation not made by the plaintiff Fairchild is Fairchild's Essence of Pepsine. The defendant Otto was also taxed with the costs in the case, amounting to about five hundred dollars, and execution was issued therefor.

We presume that Fairchild Bros. & Foster will in this, as in other instances in which they have found druggists guilty of substituting some other article for their goods, proceed at once to notify all physicians whose prescriptions are at all likely to fall into this man Otto's hands, of his perfidy and dishonor. The result will be that he will find himself disgraced and discredited with those upon whom he depends for livelihood, branded as a thief, and held up to the scorn and contempt of his fellow pharmacists, whom he has been enabled to underbid on prescriptions by furnishing cheap and worthless goods in place of the genuine and more costly ingredients specified.

This man, and such as he, deserve all the punishment and contumely brought upon them by their acts. Of all mean, low, conscienceless and heartless rascals in the category of plunderers, the creature who, for the sake of a few paltry cents, will swindle and deceive the sick and the suffering, is the most contemptible and despicable. The footpad, who holds up a man at the point of a pistol and relieves him of his valuables, is a gentleman beside him, and even the sneak thief, who enters the house of the day laborer and plunders it of the scanty belongings of its inmates, acquires a certain personal dignity in comparison with him.

Think of the despicableness of the crime: A poor sufferer, maybe a little child, parched with fever, in the throes of a convulsion, or suffering the agonies of croup, is given a prescription to be filled. In unsuspecting faith it is sent to the drugstore, and instead of the articles prescribed, the heartless scoundrel in charge fills it with articles other than those demanded, merely for the gain of the few cents difference in price! The skill of the physician is rendered nugatory, the disease is given fresh headway, and unless the reason for the failure of the remedy to work is speedily discovered, death, or long continuance of the disease, is the result.

Can anybody conceive of a more inhuman creature, than one who would perpetrate such a fraud? It matters not that such results could hardly follow in the particular instance under notice. The man who would substitute in one instance will do it in another, if given the opportunity. In this, as in all other frauds and crimes, "it is opportunity that makes the thief;" the rudderless conscience drifts with the tide of chance, and takes advantage of every opportunity for self-aggrandizement that is presented.

Fairchild Bros. & Foster, in their course of action in such cases, are merely protecting their own interests, and are doing so with no ulterior or proclaimed humanitarian motives, but they are, all the same, doing a great and laudable work to all honest druggists. In exposing and winnowing out such scoundrels, they are relieving the honest apothecaries of their most dangerous and insidious foes. How can an honest man compete with one without a conscience! How can one druggist, who furnishes the best and purest drugs, and exactly what is specified, draw a prescription trade to his shop, when he is constantly underbid by his neighbor, who supplies cheap substitutes? Until the thief is exposed, there is no hope for the honest man. He must move from the neighborhood, or starve—unless he, too, becomes a thief, and engages in the horrible traffic, in which human lives are at stake.

We hear a great deal of declamation, and justly so, in the various State, local and national pharmaceutical associations against the "cutter," but the cutter, terrible and formidable as he is to the prosperity of the retail trade, is not half so dangerous to the true interests of pharmacy as the substituting competitor, and we can not, for our lives, understand the apathy with which the question of substitution in prescriptions is apparently viewed in these same associations. Cutting is an evil, and a very great evil, but cutting involves merely dollars and cents, while substitution, and especially this form of substitution, substitution in physicians' prescrip-

tions, besides mere money, involves honor, character, integrity—nay, even the sacredness of human life itself—all, in fact, that make life worth the living. Silence under such circumstances is amazing to us.

The greater part of this substitution appears to be in proprietary remedies, it is true; but this, so far from excusing, rather aggravates the offense. When substitution in chemicals or known drugs is made, the substitutor knows what he is withholding, and what he is giving in its place, while in substituting something else for a proprietary ordered by the physician, he does not know what important principle he is withholding from the sufferer. The man who substitutes one thing, however, will substitute another, and hence there may be as much substitution in drugs and chemicals as there is in proprietaries, but, unfortunately, the former substances have not, as the latter has, men who, regardless of cost, will spend their money to defend them, and expose frauds in them.

What a boon to American pharmacy, what a triumph to the profession it would be to see the associations take hold of these prosecutions, as do the French societies, and push them until substitutors of all grades and degrees are driven forth, as pariahs, from a profession they disgrace, and the society of men from whose pockets they have filched for years.

A great many of the articles habitually substituted by these rascals—in fact, we may say nearly all of them—are not of the substitutor's manufacture, but are supplied him in bulk by houses whose sole business consists in manufacturing substitutes for the more reliable and prominent specialties or proprietaries on the market, and who keep men on the road, visiting the pharmacists, and corrupting, or trying to corrupt them, by offering the worthless imitations at prices only a tithe of those of the genuine. If what we have said of the sordid, devilish criminality of the substitutor be true, how much greater and more infamous the crime of these manufacturers? Words fit to characterize their ineffable villainly utterly fail one in contemplating their crime. There surely ought to be some way of reaching these robbers at wholesale, these corrupters of the trade, these swindlers alike of the consumer and the manufacturer, and bringing them to justice. — *National Druggist.*

Cancerous Troubles.

L. V. Weathers, M. D., Bracken, Texas, says: Sometime since, I was honored with a liberal trial bottle of echinacea and thuja, called Ecthol. I am pleased to say that I believe it merits all that is claimed for it. I used it in two injuries. One was a severe laceration of face from dog bite, tearing out almost one cheek and fleshy part of the face. I stitched up the parts after replacing several torn and hanging fragments, and at once placed patient on Ecthol. The healing took place by first intention, no suppuration, and leaving almost an imperceptible scar. I tried the same in treatment of a badly lacerated and crushed hand, patient losing one finger, dressed wound and gave Ecthol. Patient made a speedy recovery and soon well. I believe this valuable remedy will meet with a like approval of those who use it.

P. S.—I will add a word in regard to Thuja alone. I injected it into a hopeless case of cancer uteri, and cured it. I wrote the virtue of the drug in this malady, when one of the readers of MEDICAL BRIEF read it, and tried same in cancer of nose, and wrote me thanking me for due notice of so potent a remedy. I have read much of echinacea, and believe Ecthol a happy combination. Hope you may keep it a potent and reliable agent.

Nourishing Soup.

Stew two ounces of the best well-washed pearl sago in a pint of water till quite tender and very thick; then mix with half a pint of good boiling cream and the yolks of two fresh eggs. Blend the whole carefully with one quart of essence of beef. The beef essence must be heated separately and mixed while both mixtures are hot. A little of this may be warmed up at a time.—*Louisville Medical Monthly.*

[Written for the MEDICAL BRIEF.]

The Physiological Effects of Alcohol on the System and Its Deteriorating Results in Its Use as a Medicine and Food.

BY S. D. SOUR, M. D.,
Princeton, Minn.

There is something most radically wrong in the teaching of our medical schools in this age of scientific light and investigation, or else the faculties of these institutions are either ignorant, prejudiced or too busy to study the matter to see what damnable wrong they do in holding up the thought to students year after year that alcohol does good in sickness or disease. Yet this idea is taught by those who should know better; and disease, sickness, habit, scatter the shores of time with thousands and thousands of wrecks due solely to this erroneous doctrine that alcohol has any use in the treatment of the sick. There is only one place for this cursed stuff, whose victims are legion, and as someone has said, "That place is in hell."

Reader, you may think I am a crank on this subject, but let me tell my honest experience in this matter.

I graduated from that grand old institution of Jefferson Medical College in 1891. I was taught to use alcohol, especially in typhoid fever, and in cases of heart failure, and, of course, the first several years of my practice found my case loaded with brandy or whisky, and, of course, I ignorantly helped to slay my patients, or rather helped the disease or ailment so much the more by every dose of alcohol. I do not wish to be understood that I used it with a free hand, for I did not. Later I read carefully the proved demonstrated effects of alcohol on the human organism, how it destroyed the white and red corpuscles, inflamed the mucous membrane of the stomach, and did harm wherever it went and whenever taken, that it was not a heart stimulant in the true sense of the word; that it only made matters worse, and was the patient's direst enemy.

In the light of these facts I discarded alcohol and depended on strychnia, nitro-glycerin, digitalis, and others that were real heart stimulants, which did not have any detrimental effects and made the patient's condition better.

In this article I wish to set forth the evil effects of alcohol on different organs and parts, and I shall begin with the blood.

We all know that the blood is a fluid containing red and white corpuscles. An adult has about twenty-five trillions of red and eighty billions of white corpuscles. For a long time the special office of the white ones was not understood, but of late years, close investigation and study with the most improved instruments and appliances has revealed one of the most wonderful discoveries ever made and one of the many great ones of the nineteenth century, that the white corpuscles prey upon and consume microbes. They do not move so readily through the blood vessels as the red ones, whose mission is to carry oxygen to all parts of the body. This explains the fact why the white corpuscles are so numerous in certain diseases. This defensive army has recruited and increased to repel the invading foe which threatens the kingdom. These white bodies appear in wounds and ulcers to destroy the bacteria existing there. If a wound is kept strictly aseptic these white corpuscles do not appear as when microbes are present. A thimbleful of pus contains more than a billion of these valiant little defenders. When a living body is attacked by these microbes there is waged a regular Waterloo fight between these invaders and the white defenders, and if the microbes win, as in diphtheria, pyemia, etc., then all is lost. It makes no difference whether the individual is helped or hindered by his physician, these true friends make an heroic fight to save the union. If they conquer, there may be enough vitality left to rebuild the constitution.

It is very interesting to witness such a fight in a drop of blood under the microscope. The white corpuscles keep the microbes from spreading to other parts from the site of the invasion. This has been clearly demonstrated by taking two small sponges filled with disease germs, placing each one under

the skin of a healthy guinea pig, and keeping one animal in a stupefied condition with chloroform, alcohol, or something similar. This will be the result: The stupefied animal will soon die, and every part of its body will be filled with myriads of microbes, while the piece of sponge will be nearly as clear as when placed under the skin. The other animal will not show signs of sickness, but the piece of sponge will be filled and covered with matter, which the microscope will show to be an innumerable host of white corpuscles filled with microbes. Recent research shows undeniably that alcohol not only stupefies the corpuscles and renders them unfit for service, but acts in such a manner on the nerves and blood vessels as to prevent them hunting the tissues, in pursuit of the lurking enemy. The white corpuscles also destroy and eat particles of waste matter in the blood, such as broken-down corpuscles.

A careful estimate is that a prolonged spree or debauch destroys about one hundred billions of the red corpuscles, and no doubt many of the white, and all these fragments must be picked up and devoured by the white corpuscles.

Doctor, have you any right to give such an injurious thing to your patient, who has placed his life in your sacred care? Are you honest and sincere when you give him alcohol? No, you are a Judas Iscariot in the sick-room that violates his honor. O, no, my brother practitioner, you can not give alcohol to your patient and have no guilty conscience in the light of facts of to-day. If you do not believe these facts, please, for the sake of the welfare of your patients, prove these ideas by studying the effects under your own eye, and do not be ignorant any longer of the truths, and do not help the disease to kill your patients.

You may think this is putting this matter rather strong, but the truth will always bear the strongest assertion, and I am talking straight to the point, and from facts, and to you, Doctor, no matter whom, or what you are. Am a firm believer in Kant's philosophy that "we are unable to pierce the past, the future is hidden from us, but the categorical, imperative call of duty to be performed stares us in the face—the obligation of one and all of us to do our share, and live up to the highest ethical and esthetical standard we can formulate, without regard to reward or punishment, and before any other ideal before us."

We can not be true to the highest and best of ourselves and prescribe alcohol.

All movements are produced by contractions of modified cells of protoplasm. Muscle cells will not contract unless stimulated by the nervous system. Alcohol lessens nerve-stimulating power in small quantities, and in large quantities destroys it. Now, how in the world can it be a heart stimulant when the heart is made up of protoplasmic muscle under the control of nerve centers? Yet, thousands of physicians order alcohol when the heart lags in disease, in spite of all arguments proved that it is not a stimulant in the least, but makes matters worse, and does not do one iota of good. Come, Doctor, do not be deluded and snared by this deceitful siren that hides its hydra-headed *mal* effects, and gets in its cursed work under the rule simply that "its the custom to give it." Banish it forever from your prescribing, and help humanity, instead of making them worse.

Actual tests with the sphygmograph, by J. H. Orcutt, M. D., Ph. D., of Owatonna, Minn., in twenty cases, showed in every instance that the pulse rate was decreased by alcohol. He also makes the statement that from these experiments of twenty records the result was an average fall of six pulse beats per minute, two and one-half hours after meals, when alcohol was given. Twenty series of records of the natural pulse for the same length of time after meals gave an average fall of 3.65 beats per minute, or less than two-thirds as much decrease in the rate as when under the influence of small doses of alcohol. The average amount of alcohol given each case in the first twenty records where it was used was about five drachms.

From these conclusions we can only arrive at one definite truth, that alcoholic liquors of all kinds, and in all sized doses, depress the heart in force and rate.

Another important organ that the use of alcohol effects is the liver, the largest and most important gland in the body. Those who are familiar with the structure know how numerous the blood vessels are and how multitudinous are the sewer pipes in the cell and lobule structure of this gland. It is the great sugar factory of the system. When alcohol is taken into the stomach it is under no circumstances changed, for it is not capable of being digested, but is taken into the circulation unchanged and carried to the liver through the portal vein with selected food and water, among which it is a savage guest forming an unharmonious companion. When it arrives in the liver it lessens the activity of the protoplasm in its whole area, so that it can not do its work as it should, consequently the liver is enlarged from holding an increased amount of blood in its vessels; the tissues around are soaked with the water which escapes from the overloaded vessels; the important work of the liver is interfered with, the whole system is deranged, as is manifested in the disturbed digestion, coated tongue, foul breath, dizziness, languor, "the blues," and general unpleasant sensations of both body and mind. Consciousness of this condition is temporarily banished if enough alcohol is taken to quiet the brain and nerves. This word quiet is a misnomer, for it does not quiet but numbs the sensation. The victim thinks he is better, and he drinks more, and before he knows it habit and appetite have him in vice-like grip. Continued use of alcohol causes cirrhosis of liver, usually called "hob-nailed" or gin-drinker's liver.

In this condition there is an increase of the interstitial connective tissue between lobules, consequently the liver size is augmented. The connective tissue growth crowds the cells, they become granular, fatty, and are obliterated finally. The liver becomes smaller and harder with a roughened surface. Jaundice and dropsy finally appear, due to venous stasis. When this condition in the liver has been well established, there is no hope for the individual but death.

As we know alcohol lessens muscular power, its use must necessarily interfere with the muscular action of the lungs which depend on the activity of a large number of muscles of the chest. Therefore, it must lessen the amount of pure air supplied to tissues. We have learned that alcohol injures the red corpuscles; it must follow that their function of oxygenation is hampered, thus lowering the vital power of the body, and affecting the very fountains of life.

As the heat of the body is maintained by the union of oxygen with the digested food, anything that disturbs digestion tends to lower the heat of the body. This is especially true regarding that special process and final digestive act performed by the liver, which prepares the food to be burned by the oxygen. When we know, and think, what effect alcohol has on the stomach, liver, lungs, and, above all, upon the red corpuscles, we can readily believe what the thermometer always tells us in such cases, although the external appearances seem to disapprove it, viz., alcohol lowers the temperature of the body.

Many a man has become a drunkard through his physician prescribing liquor as a medicine when he was sick. Such an instance came under my own observation. The patient having a severe attack of "grippe," alcohol was given at his physician's advice, the appetite was started, and the result was that a good, steady, industrious man became a toper.

It does seem, and really is, perfectly unreasonable that physicians enter the sick-room and prescribe such injurious stuff that is contrary to all physiological law and common-sense, when, if they would do some solid reasoning on the right lines, and look into this matter of the evil they do, they would never allow their patients to have it.

Abraham Lincoln never uttered a more incontrovertible truth than when he said: "You can fool some of the people all the time; you can fool all of the people some of the time, but you can't fool all of the people all of the time." Just so on this question of the use of alcohol in sickness and disease. People are being educated more and more to see it has evil effects, no matter how used, and the day is here in its temperance light when the doctor who suggests or advises

the use of alcohol for his patient is met with better argument and reasoning, in the refusal to take the cursed stuff that only kills.

If I have awakened any thought, and convinced the reader of the truth of these facts, I feel amply repaid for the time spent in writing this article. My brother practitioners, allow me just one word in conclusion: No matter if you use alcohol or not in your practice, just send and get a little book entitled, "Microbes and Men," by Dr. Orcutt, of Owatonna, Minn., for twenty-five cents, and read it. It is worth ten times its cost, has one hundred and thirty-six pages, and so full of good solid facts that you will be surprised, and never regret your time spent in reading it, or the money expended.

[Written for the MEDICAL BRIEF.]

Progress of Science.

BY F. W. CONN, M. D.,
Napa, Cal.

Having been a reader of the MEDICAL BRIEF for several years, and holding to the belief that the world moves on in every department, where Science is consulted, and that guess-work is something of the past in every department of Nature, and that her laws, as developed by Science, constitutes the advance we are making in the nineteenth century, whether fighting the ills of man on this earth as good disciples of Esculapius, or his future troubles in a world to come, I am only too pleased to know that you view Science as the great power to move the world, and accept a fact as soon as proven, whether relating to this world or the next. Enclosed find P. O. order for the MEDICAL BRIEF.

Hemorrhages at the Menopause.

Dr. J. R. Lesage, Millers, Ohio, reports the case of a patient at the menopause, in which the hemorrhages were so obstinate as to baffle all the remedies known to the profession; continuing, at times, for weeks, and leaving the patient in a very asthenic condition, but since using Aletris Cordial, the hemorrhages have not recurred, and the woman is now in good health.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.

BY G. P. WHEELER, M. D.,
Scholten, Mo.

New light seems to be shining out somewhat brilliantly on the subject of typhoid fever from the gifted pens of Hare, of Philadelphia, and Osler, of Baltimore. I got it fixed in my mind more than twenty years ago that to have typhoid fever one must necessarily have diarrhea, tympanitis, nose-bleed, subsultus tendinum and rose-colored spots, with a host of other things, or he did not have the real disease.

Isn't it strange that we clung to such an idea so long. Well, it seems as if we got the word malaria so fixed in our minds that we could hardly do justice to a patient unless we doctored him a little for malaria. It has been a common opinion out here in Missouri that we could hardly have genuine typhoid fever. So we learned to call it "Typho-malarial." Why did such an idea ever get started, and who is the author of it? During the autumn of 1898, I treated seventeen cases of typho-malarial fever, or slow fever, as I called it; did not give a dose of quinine to any of them, and they all recovered in a reasonable length of time. Only one of them had diarrhea, two had broncho-pneumonia as sequela.

Now, to tell the truth about it, I thought, at the time, that a few of these cases was genuine typhoid. The reason that I thought most of them did not have it straight was because they did not have the line of symptoms that most text books lay out for typhoid, and another reason is that I was not quite brave enough to tell the truth without help. You see we like to be in fashion, so to speak.

With regard to several of the bad symptoms, I do not think they would occur nearly so often if we would take a little more precaution early in the cases; now, if diarrhea threatens, put a stop to it. It is usually easy to control; or, if patient is restless at night, I do not think we should wait three or four days to see whether sleep will naturally occur without medicine.

Referring to sleep, the much-abused chloral is certainly the most reliable of hypnotics.

For pure fidgets, some of the milder hypnotics may do very well, but when we aim to make our patient sleep, whether he wants to or not, chloral is the *sine qua non*. It is not necessary to give more than ten grains at a dose, and often I do not give more than seven grains, combined with fifteen grains bromide potassium.

During the year 1899, I had thirty-seven cases of typhoid to care for, with two deaths. A small per cent of them may have been malarial fever, although we have no lagoons, swamps, rivers, nor anything of the kind to cause malaria. The altitude is rather high.

The two deaths were caused by complications. One, Mrs. P., aged eighteen, pregnant six months; acute case, temperature 104°; on the fourth day slightly jaundiced. By the seventh day skin as yellow as a pumpkin, liver and spleen greatly swollen. Miscarried on the tenth day of her sickness, and died in four hours from the shock, The other fatal case, Miss M., aged eighteen; no complication when first saw her, except a general pharyngitis. Diarrhea was soon controlled, also throat symptoms. Her temperature never got above 103° during her first attack. Seemed to be convalescing on the tenth day. At least her parents thought so, as her father came to see me and told me the girl was rid of fever and sleeping soundly every night. So I supposed all was going well until fourteen days from that day, when they sent for me again. I saw her at eight A. M. Temperature, 105°; pulse, one hundred and forty; respiration, thirty-six; and very delirious. Circumscribed flush of left cheek. Abdomen distended and very hard, but did not complain of anything. Death occurred on the fifth day after I was recalled. Intestinal perforation must must have been the cause of death. However, there was some lung infection. During first attack mind was good. I feel as if she might have been saved if I had continued my visits from the first attack.

Nine out of every ten of my cases during 1899 had considerable throat trouble. In about half of my cases, in 1899, have given as much as fifty grains of sulphate quinine during first forty-eight hours, but it failed to do any good except in three cases, which were promptly terminated with calomel and quinine. Does quinine do any good in typhoid unless it is given in tonic doses?

Hare's work on "The Medical Complications and Sequelæ of Typhoid Fever," which I have just received, throws more light on the nature of typhoid fever, to my mind, than all the books I ever read. He plainly shows that no two cases are exactly alike, so I infer that it is not safe to have fixed plans to treat it, as each case has its complications and peculiarities. However, there may be remedies such as salol, carbolic acid, chlorate potassium, chloride ammonium, subnitrate bismuth, which would be suited to diseased mucous membranes, as they come in contact with some of the structures that are infected, in the act of swallowing, and are eliminated from the system by the same structure.

So far as diuretics are concerned, and for lowering fever also, I have been better pleased with acetate potassium in ten-grain doses, every few hours, than any other remedy. After so long a time, country people are somewhat better educated on the subject of bathing, which help us backwoods fellows out no little in treating our fever patients.

As to what little I know about treating typhoid fever, I might and would give a little of almost any remedy that I carry in my buggy case, because the complications may suggest a great many remedies. Will simply enumerate what I usually give.

First, a purge with calomel if patient is constipated. Next a tepid bath, bathing to be continued as long as fever lasts. If fever is high, bath every three hours. Moderate use of acetanilide while head and back ache.

For diarrhea: Bismuth subnitrate, twenty grains, every three hours, turpentine with every other dose.

Chloride ammonia and chlorate potash for throat and bronchial troubles.

Chloral and bromide potassium for insomnia. The mineral acids in all cases. Heart tonics such as strophan-

thus and digitalis not to be forgotten when indicated.

Whisky, of good quality, first, last and all the time, no matter how high the fever is, if patient is weak. In country practice, some light complexioned person with a club to keep the people from killing patient with their presence, talk, and so forth.

While I frequently use the above and other remedies in treating typhoid fever, I do not think any of them are curative. In the words of Professor Hare, of Philadelphia ("Practical Therapeutics," page 685): "No remedy yet found, except it act through the prevention of complications, can shorten its course. We can only guide the patient safely to health when the storm of disease comes on, but we can not stop the storm." It is evident that a good knowledge of therapeutics and intelligent application, as the symptoms and complications arise, is the best way to treat the disease. No use in treating the name of a disease. To see after the condition of the patient is the rule I make in practice. Bathing and seeing that they get a sufficient amount of sleep is half of the treatment. Previously, I have been too much in the habit of turning my typhoid patients loose as soon as the fever quit them, but after so long a time, have found it to be bad practice, because convalescence is slow and tedious at best, and many of them need the help of a physician for several weeks after they are rid of fever.

Sequelæ are more common than is usually supposed. I well remember a case that I treated five years ago, a violent attack which lasted sixty days; a boy, aged ten years, that had as bad a catarrh of bladder as I ever saw, after the fever had subsided.

Referring again to the diarrhea that some of them have, I have made it a rule for fifteen years to prescribe subnitrate bismuth in all cases, if bowels run off, even if diarrhea was slight. The only remedies that I have ever used for the diarrhea of typhoid are: Subnitrate bismuth, turpentine, salol, and aromatic sulphuric acid, though I never mix turpentine with any of the others except the bismuth.

Many physicians are anxious to know what each doctor does for certain cases. So the plan is to keep the machinery in good running order. We should strive to have our patient's welfare at heart. Even if we do not get anything for our work, it is a duty that we owe humanity, if we undertake to treat a case, that we should be decidedly in earnest about it.

[Written for the MEDICAL BRIEF.]

Tobacco Habit.

BY R. P. DAVIES., M. D.,
Petty, Texas.

If Brother Abernathy, of Tow, Texas, will take large doses of quinine and large doses of castor oil, of the former two or three times a day, and the latter twice a week, I think he will be rid of the tobacco habit. I have tried it with success.

Acrid and Fermentative Conditions.

Dr. E. R. Palmer, Professor Physiology and Physical Diagnosis, University of Louisville, says: I have used Listerine daily since its first introduction, and would not be without it. I have given it internally in various gastric and intestinal disorders, notably those accompanied by fermentation and flatulence, and in diarrhea, when the stools are inclined to be of a foaming nature, finding that even fifteen or twenty drop doses will suffice, but ofttimes employ larger doses to advantage, with decidedly beneficial results.

A Quick Cure.

Dr. W. M. Coleman, New Market, S. C, pronounces S. H. Kennedy's Extract of Pinus Canadensis the best non-irritating mucous astringent he ever used. Quotes the case of H. M., who contracted gonorrhea. Had been treated by four different physicians before he consulted Dr. Coleman (eight months afterward). The discharge was very profuse, mixed with blood. Pinus Canadensis, one in seven, inject six times a day, was prescribed. In two weeks patient was cured.

Inquiry Department.

Sexual Weakness.

QUESTION:—Will you be so kind as to give me some help in a case in which I am very much interested? Will describe patient as best I can. I want diagnosis and treatment.

Mr. H., aged nineteen years, six feet tall, weighs one hundred and fifteen pounds. Does not drink, smokes heavily; was taller than the average man at fourteen years of age. Very thin. Sore eyes occasionally. Nervousness characterized by fear at night. Has practiced masturbation since ten years of age, with result of varicocele. Very costive at times. Appetite fairly good. Both testicles and penis are atrophied. Has had four ulcers on right leg for past two months. Does not sleep very good except in morning. Has never been sick much, except a severe case of la grippe last winter. Has painful erections nearly every morning. Now, if you will give me an insight into the diagnosis, and especially the treatment, I will be a thousand times obliged to you.

Baltimore, Md. H. G. WETTER, M. D.

ANSWER:—We suggest:

℞ Tinct. Collinsonia Can.. .....1 ounce.
Ext. Hydrastis Can fl.....1½ ounces.
Sanmetto.....q. s., ad..... 8 ounces.
M. Sig.: Teaspoonful four times daily.

Apply flying blisters over sacrum. Use aloin in sufficient dose to keep the bowels moving daily. Have him wear a good suspensory bandage. You might try the effect of gentle pressure on the varicocele, as from strapping or the use of collodion.

If the deep urethra is catarrhal and hypersensitive, as it usually is in these cases, an injection of one ounce Kennedy's Dark Pinus Canadensis, one half ounce Listerine, six and a half ounces water, a syringeful two or three times a day, will restore it to health, if the debilitating practice of masturbation is finally stopped.—ED.

Convulsions.

QUESTION:—I wish to report a case which I was called to see on the night of December 10th. M. K., a girl four years old, about eight P. M., was suddenly taken with convulsions, and had one after another, with at first about five minutes' intermission for about an hour and a half, then as fast as one would go off another would come on. I saw her at eleven P. M., as they lived six miles in the country. I gave her one-fourth grain morphia and one-one hundred and fiftieth grain atropia. The spasms got lighter immediately, but came on just as often. I waited fifteen minutes and gave her ten grains chloral hydrate and fifteen grains bromide potash, by enema, and stopped convulsions at once. This child had been subject to spasms when she was a baby and up to two years of age, but had not had any until this one, or rather this attack. She had been up playing all day, and had the usual supper. When the convulsion would come on her, it started in her left hand and side, and then she would begin jerking all over, but the diaphragm was mostly affected, and her eyes were turned so far back I could not see the iris. She did not wink her eyes until I checked the convulsions. Heart was very weak, and so rapid I could not count pulse for half an hour after the convulsions ceased. Her breathing was not good, but I gave her hypodermic of strychnia, and in a few moments she was breathing regular. She has not had any more attacks up to this writing.

Now what caused this spell is what I would like some of the profession to tell me. Would especially like to hear from the Editor. I know that this was rather heroic treatment for a child, but the occasion demanded it, and as it is, there was no bad results from the large doses of medicine. Success to the BRIEF.

Wayne, I. T. F. K. FINNEY, M. D.

ANSWER:—Probably an overdistended colon was the cause of convulsions. The condition is comparatively common in children, but seldom results in convulsions, unless the child inherits explosive nerve centres, because the vitality and constant activity of children prevents the penning-up and accumulation of motor energy. An enema and hot foot bath should always be tried. Chloral is a somewhat dangerous agent to give children. Cold applications to head, heat to extremities and a copious enema, with bromides, will usually suffice to control convulsions.—ED.

Fecal Impaction.

QUESTION:—Would like some assistance in following case: Man, aged fifty-two, stout, sedentary habits. Good appetite, and enjoys fair general health, except for noises in head, and dizzy spells at times. Now complains of dull pain and uneasiness in abdomen, varied by sharp, shooting pains and rumbling sensations. Heart palpitates on slight exertion. Can not breathe well. Props himself up with pillows at night. G. H., M. D.

Indiana.

ANSWER:—The man is suffering from habitual over-eating, consequent lymphatic obstruction and *fecal impaction*. The head noises and dizzy spells show impaired abdominal circulation, and the soreness is caused by the pressure of distended colon, varied by colicky pains due to flatus. Increased abdominal

tension is also responsible for cardiac and respiratory symptoms.

First, empty colon. Begin with enemas, as lower mass will be hardened and dry, requiring liquidation. Go slow and look out for heart failure. In bad cases, it is best to take several days to thoroughly empty bowel, and diffusible stimulants, such as nitro-glycerine, nitrite amyl, should be at hand. Abdominal massage will aid action of enemas. When the feces are yellow, soft and formed, the work is done, but the bowel will be in a semi-paralytic state, and require peristaltic tonics for some time. You can not do better than give one-twelfth grain of podophyllin with a drachm of Chionia three times daily.

If enemas produce no results, it may be necessary to empty rectum and sigmoid instrumentally, after which hydragogue cathartics, salts, etc., may be employed to flush the bowel. After the colon is emptied, and the abdominal circulation restored to normal, the other symptoms will subside. Regulate the man's life, providing for moderate exercise and temperance in eating.—ED.

Varicocele.

QUESTION:—Will the Editor and BRIEF readers please give, fully, method of treatment in case of varicocele in young man? Slight varicocele has existed on left side for perhaps ten years. During past year or two it has increased so that it is now quite annoying.

What is your favorite general treatment for chronic leucorrhea? T. S. C.

New Jersey.

ANSWER:—The best medical treatment for varicocele is:

℞ Ergotole.....1 ounce.
Tinct. Collinsonia Can.....1 ounce.
Sanmetto.....6 ounces.

M. Sig.: Teaspoonful four times daily before meals and at bedtime, with aloin in dose to keep bowels open daily.

Such patients should always wear a comfortably fitting suspensory.

The best treatment for leucorrhea is to dry the cervix and vagina thoroughly with pledgets of absorbent cotton, using Sim's speculum with dressing forceps—patient in usual gynecological position. When surfaces are clean and dry, soak a tampon in Kennedy's Dark Pinus Canadensis and apply to os uteri, then put in a piece of antiseptic gauze to keep tampon in place, and prevent the medicine from coming in contact with external parts. Remove next day, syringe out vagina, and make a new application. Internally give five drops Ergotole, ten drops tincture iron to one drachm Aletris Cordial, three or four times daily.

If properly carried out this is an excellent and quick cure for this unpleasant disease.—ED.

Impaired Sexual Power.

QUESTION:—Will the Editor or some physician of experience give me a little help in the following case: A young man has been bothered with nocturnal emissions and varicocele on the left side, for about three years; he has tried other doctors, also patent medicines advertised in the newspapers. His general health is pretty good, is troubled some with dizziness, was probably begun by self-abuse.

Ohio. A SUBSCRIBER.

ANSWER:—Seems to be general vasomotor instability, with weakness and irritability of the ejaculatory apparatus.

℞ Ergotole.....1 ounce.
Tinct. Collinsonia Can.....1 ounce.
Sanmetto.....6 ounces.

M. Sig.: Teaspoonful half hour before meals and at bedtime.

Advise wearing of a suspensory bandage. Constipation must be avoided, and bad habits stopped.—ED.

Excessive Sweating.

QUESTION:—Will you or some one of your many readers give me a remedy for a case I have on hand? Mr. A. B., aged fifty-eight, in apparent good health. Bowels regular, appetite good, sleeps well, urine normal, but at times he will have a flash of heat, which envelops his whole body. In a few seconds, will break out in a profuse perspiration, even to run in streams off his face. His under-clothing being completely saturated. There is no weather too cold for him to perspire. Have tried everything I could hear of to check excessive sweating and night sweats.

Any recommendation in his case from the Editor and brethren will be thankfully received.

Newburgh, Ind. G. P. R., M. D.

ANSWER:—A neurosis of secretion. Give a teaspoonful of Peacock's Bromides three times daily between meals, adding one drop of Fowler's Solution to each dose. Atropine and strychnine are good remedies in conditions of *weakness* and *prostration*, not present in your case apparently.—ED.

Gastralgia.

QUESTION:—Please give treatment for following case: Male, aged thirty-seven, five feet ten, dark complexion, brown hair, blue eyes, weight one hundred and forty pounds. Has suffered from dyspepsia ten years. Was over-heated last August, resulting in painful affection of bladder. Since that time the pain has shifted from bladder to stomach, and he is now suffering from dyspepsia, sour stomach and gastralgia. The urine is normal, except for a cloudy appearance.

I relieved him of the bladder trouble with injections of opium and gum arabic, equal parts, with a suitable diuretic.

The cramping of stomach comes on sometimes every few hours; sometimes but once a week, usually at night. Patient uses neither coffee nor tobacco; can not drink, or take any medicine, or liquids, that stimulate him, without causing pain and vomiting.

Hallsville, Tex. W. G. WATT, M. D.

ANSWER:—We suggest that you give patient a teaspoonful of Seng before and after meals. Prepare a demulcent drink by soaking slippery elm in water, and of this have him drink slowly two or three glasses between meals. The bowels will require some attention. Use a powder of calomel, one-quarter grain; bismuth subnitrate, five grains, three times daily for a few days. Tell patient to eat slowly, choosing such food as appears to agree best. Counter-irritation to spine between scapulæ will help.—ED.

Relaxed Uvula.

QUESTION:—Lady patient, aged twenty-four, complains of constant choking and gagging sensations. Seems to be in fair health. No pain or inflammation in throat, just the above uncomfortable sensations. Please give diagnosis and treatment. W. B., M. D.

Md.

ANSWER:—The uvula is probably too long. The best way is to cut off the tip, but if patient refuses apply collinsonia canadensis locally with swab, or touch delicately with lunar caustic.—ED.

Dandruff.

QUESTION:—Please give a remedy for dandruff in your next issue, and oblige D. R.

Mass.

ANSWER:—

℞ Ammonii Chlor.....1 drachm.
Tinct. Capsici.....4 drachms.
Listerine.....8 ounces.

M. Sig.: Apply night and morning, rubbing the scalp gently.

—ED.

Myxedema.

QUESTION:—Please find enclosed one dollar for another year's subscription to the best of all journals. I asked through the BRIEF for aid in the treatment of myxedema, from which I suffer, but no one responded. Have been using thyroid tablets for years. It is difficult to cure when patient is near the menopause. Wishing you continued prosperity.

Los Angeles, Cal. MINNIE WELLS, M. D.

ANSWER:—Doctor, have you tried iodide of arsenic, one-twentieth grain thrice daily with phytolacca or phytoline? Nuclein contains iodine and phosphorous, and might prove useful in this refractory and little understood disease.—ED.

Dandruff Cure.

QUESTION:—Please give the formula for Coke Dandruff Cure. EDWIN T. HOSFORD, M. D.

Manti, Utah.

ANSWER:—It is impossible to do this. No reputable chemist claims to be able to analyze an organic mixture with accuracy. All formulæ furnished for proprietary and patent medicines are pure fakes. In all cases they are nothing but guesswork, and consequently unreliable. Analytic chemistry has not yet arrived at a point where it can determine the composition of organic compounds with any degree of certainty, and the chemist with a reputation to preserve can not afford to risk it in hazardous guesses.—ED.

Flatulent Dyspepsia.

QUESTION:—Please give me a remedy for flatulent dyspepsia. A. D., M. D.

Va.

ANSWER:—Take a teaspoonful of Seng after meals, to which has been added five drops oil of cajuput.—ED.

Hemophilia.

QUESTION:—I am shortly to operate on a woman, who comes of a family of bleeders. The operation (ovarian tumor) promises to be a long one and I dread the results. Am building her up with tonics and reconstructives. Is there anything more I can do in the way of precaution? GEORGE W., M. D.

New York.

ANSWER:—Calcium chloride has been highly recommended in hemorrhagic diathesis. Give it a thorough trial in this case.—ED.

Consequences of Grippe.

QUESTION:—Patient is a woman, thirty years old, a mother of three children, the youngest now three years old.

Has been troubled with a cough for the last eighteen months, which commenced in April. At this time was very bilious, the skin, especially over abdomen, being very brown. This condition of the skin is much better, but cough remains much the same.

Coughs most in the morning about ten o'clock, with a copious expectoration of yellow matter. Fifteen examinations have revealed no tubercular germs, but streptococci in abundance.

Nothing appears to help the cough. Has tried the climate of New Mexico and is now trying salt air and Southern climate. Has a good appetite and sleeps well. Is now twenty pounds heavier than she was a year ago. Finger nails have a calloused, thick appearance, and tongue is rough and fissured. In connection with the cough, there is a weakness of the bladder, and urine has a very strong odor. Bowels are now very loose; were always constipated previously. H. D. H.

Texas.

ANSWER:—A cough of this nature will not be benefited by cough medicines. We advise the use of Seng, two teaspoonfuls three times daily after meals, with one two-hundred-and-fiftieth grain atropia sulphate midway between meals.

An oil rub at bedtime will be helpful. Patient should take a small amount of exercise daily, but avoid fatigue. Sleeping room well ventilated, bed being placed out of range of draughts. To avoid straining the digestive organs, the meals should be small and the number may be increased, if necessary.—ED.

Anal Fissures.

QUESTION:—I want a handy remedy for anal fissure, slight cracks and tears of rectal mucous membrane, etc. These are common in patients who have tense, hypertrophied anal sphincters, and while trivial in one sense, occasion much pain, reflex irritation and sympathetic nerve waste. There must be resources in medicine to alleviate this abnormal condition of rectum without instrumentation, which many patients refuse absolutely. Brethren, put on your thinking caps and come to my help with practical suggestions. S. G., M. D.

Ky.

ANSWER:—Wash out rectum and sigmoid flexure thoroughly with warm water containing pinch of soda and alum. Then make a solution of Listerine, one ounce; Kennedy's (Dark) Pinus Canadensis, three ounces; water, four ounces, and inject one ounce. Apply a pledget of cotton, soaked in carbolized oil (one per cent), to anus, with T bandage, to retain medicated solution. Repeat each morning for three months or less, and you will have a healthy condition of rectum, unless structural changes are marked and extensive. Functional impotence of rectum may be cured by local medical treatment persevered in, but if the valves are diseased or there is severe cicatricial contraction, etc., operation must be resorted to in a majority of cases.—ED.

Membranous Colitis.

QUESTION:—Patient, middle-aged, married woman, mother of several children, suffers from membranous enteritis. Is ordinarily constipated, requiring the use of laxatives and enemas to move bowels. Periodically has attacks of violent, bearing-down pains, resembling labor pains, ending in the expulsion of a cast of the bowel. Have tried everything I know. Will the Editor and BRIEF readers come to my assistance? J. E. S.

N. C.

ANSWER:—Give Iodia, teaspoonful in half glass of water, three times daily, after meals. Alternate with a teaspoonful of Aletris Cordial (Rio) three times a day. This will cure if continued faithfully a sufficient length of time.—ED.

Tonsillitis.

QUESTION:—Please give treatment for recurring attacks of tonsillitis in young man, aged twenty-four. R. E. D.

New York.

ANSWER:—The lymphatic system is probably diseased. Give Iodia, teaspoonful doses, well diluted, after meals, and the following gargle:

℞ Sodii Boratis ..... 60 grains.
Glycerini. ..... 2 drachms.
Listerine..... q. s. ad..... 4 ounces.

Rub throat with spirits turpentine and move bowels. This treatment will not only cure an attack, but if persevered in, will eradicate the tendency to recur.—ED.

Indolent Ulcers.

QUESTION:—What treatment would you recommend for indolent ulcers? H. P. L.

Pa.

ANSWER:—Blister to wake them up, then apply Ecthol, full strength, and keep ulcer wet with the medication until well.—ED.

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℞ Phosphorus .....$\frac{1}{100}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1 to 2. 50c. per 100.

Pil. Ext. Ignatia Am., $\frac{1}{4}$ grain.
Dose 1 to 2. 30c. per 100.

NERVE TONICS.

Pil. Asafœtida Comp.
℞ Asafœtida.....2 grains
Ferri Sul. Exs.....1 grain
Dose 2 to 5. 25c. per 100.

Pil. Asafœtida, 2 grains.
Dose 2 to 4. 20c. per 100.

Pil. Sumbul Comp.
℞ Ext. Sumbul.....1 grain.
Asafetida.....2 grains.
Ferri Sulph. Exsic.....1 grain.
Acid Arsen..... $\frac{1}{40}$ grain.
Dose 1 to 2. $1.00 per 100.

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Pil. Neuralgic (Gross).
℞ Quinin Sulph.....2 grains.
Morphin Sulph..... $\frac{1}{20}$ grain.
Strychnin..... $\frac{1}{30}$ grain.
Ac. Arsenious ..... $\frac{1}{20}$ grain.
Ext. Aconiti..... $\frac{1}{2}$ grain.
Dose 1 to 3. $1.00 per 100.

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Ext. Ignat. Am.....$\frac{1}{4}$ grain.
Ext. Opii.....$\frac{1}{2}$ grain.
Ext. Aconiti.....$\frac{1}{3}$ grain.
Ext. Can. Ind.....$\frac{1}{4}$ grain.
Ext. Stram..... $\frac{1}{8}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1. 90c. per 100.

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Renal Hemorrhage.

QUESTION:—Give a remedy for blood in the urine, traced to kidney. Urine otherwise normal. Patient pale, anemic, weak. G. S. E.
Mich.

ANSWER:—Hemorrhage due to weakness of kidney. Give ergot, or better, Ergotole, ten drops, with a drachm of Sanmetto, three or four times daily. Forbid muscular exertion, hot bathing, etc. Apply capcine plaster to small of back. Nutritious diet with iron and bitter tonics to replenish blood. Keep patient warm and see the bowels act abundantly every day.—ED.

Passive Indigestion.

QUESTION:—Young man of thirty suffers from gastric indigestion, due to want of motor power in stomach. Peristalsis is generally deficient.
Mo. F. W.

ANSWER:—Try:

℞ Tinct. Ipecac ..... ½ drachm.
Tinct. Nuc. Vom..... ½ drachm.
Seng ..... 3 ounces.
Chionia..... q. s., ad..... 8 ounces.

M. Sig.: Teaspoonful four to six times daily.
—ED.

Irritable Stomach.

QUESTION:—I have a case of irritable stomach, and am about at my wit's end to get some food which will stay on it. Have tried pepsin, Lactopeptine and other digestants, prepared foods, etc. Have been nourishing patient by rectum, but that has become intolerant. Any suggestion will be appreciated. H. S., M. D.
Tenn.

ANSWER:—Try the white of an egg, beaten very light, to which is added a teaspoonful of sugar of milk and a pinch of salt. Repeat as indicated.—ED.

Diarrhea.

QUESTION:—Can you give me a successful treatment for chronic lienteric diarrhea? I have tried opium and all the astringents, disinfectants, etc. H. P.
Tenn.

ANSWER:—Try strychnine arseniate, one one-hundred-and-thirty-fourth grain, four times daily. Feed patient on rice, milk, whipped eggs, baked bananas and apples; substances which do not require elaborate digestion. Give a tablespoonful of Elixir Lactopeptine after feeding. Advise a flannel abdominal binder.—ED.

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In Writing to Advertisers, Mention Medical Brief.

Chilblains.

QUESTION:—Will the Editor please give a reliable remedy for chilblains and oblige

Mo. SUBSCRIBER.

ANSWER:—

℞ Acid, Carbol.....10 grains.
Listerine..... 1 ounce.
Glycerini..... 1 ounce.

M. Sig.: Keep affected part moistened with solution.

The above is for inflamed chilblains. If tissues are badly devitalized, Ecthol with tincture capsicum, equal parts, will prove a better application.—ED.

Migraine.

Is there any cure for migraine? I have a patient, an energetic but thin and nervous woman, who finds relief in some of the coal tar preparations, but would like to be cured if possible. JAS. A. W.

Ky.

ANSWER:—The headache is due to autotoxemia, retention of poisons in the system which cause determination of blood to head, followed by spasm of arterioles. Try the following:

℞ Arsenic Iodidi..... 2 grains.
Ferri Sulph. ex sic.....15 grains.
Pulv. Hydrastis..... 2 drachms.
Podophyllin..... 5 grains.

M. ft. caps. No. 60. Sig.: One three times daily.

—ED.

Malnutrition.

QUESTION:—My little boy, aged eighteen months, does not seem to thrive. Is pale, listless, flabby, constipated, with occasional spells of diarrhea. Does not bear medicine well. What shall I do for him? A. J.

Tenn.

ANSWER:—Dissolve five grains phosphate of soda in a glass of milk three times daily, and let him suck it through a glass tube. This will regulate bowels and act as a tissue alterative.—ED.

Retention of Urine, with Overflow.

QUESTION:—Patient, male, aged sixty-eight, otherwise strong and healthy, has no control over urine, which constantly dribbles from him. What would you suggest?

Ill. J. E. S., M. D.

ANSWER:—The man has enlarged prostate. Give a teaspoonful of Sanmetto four times daily, with one-fortieth grain strychnia sulphate, three doses daily. Use glycerine suppositories to move the bowels, and at same time drain the congested prostate gland.—ED.

Sexual Weakness.

QUESTION:—Can you suggest any remedy for the following: A young man, thirty years of age, unmarried, has unpleasant experiences when in the presence of ladies. He will have erections and then emissions, which affects the person in various ways—bloodshot eyes, tired feeling, no desire to perform any work. No doubt the nervous system is in bad condition. If this weakness can be cured the nerves will become stronger and can stand the strain.

Ill. F. H. C.

ANSWER:—Sexual neurasthenia. Conditions weak and irritable prostatic urethra, with reflex ills and loss of mental control or inhibition. The passive congestion of brain is responsible for loss of energy and ambition. There is close sympathy between brain and reproductive organs.

℞ Atropiæ Sulph..... 1/100 grain.
Tinct. Nuc. Vom..... 1/2 ounce.
Ext. Hydras. Can. fl..... 1/2 ounce.
Celerina.....q. s. ad..... 8 ounces.

M. Sig.: Teaspoonful after meals and at bedtime.

Give aloin in dose sufficient to produce abundant daily evacuations, if there is any tendency to costiveness. The organs should have a daily sponge bath in tepid water. Patient must keep his mind from sexual themes. If he must be emotional, let it be along the line of philanthropy, benevolence, etc., until he recovers health.—ED.

Profuse Sweating.

QUESTION:—A patient of mine, married man, aged fifty-six, always strong and active, suffers from profuse perspiration. The slightest exertion will cause him to be drenched in a few minutes, accompanied by sensations of weakness. Thermometer shows temperature of 100°. Lungs perfectly sound; no family history of tuberculosis. Patient has good color and fine physique. What shall I give him?

Mich. S. R., M. D.

ANSWER:—The trouble is nervousness. There is some cause of irritation. Purge him well with castor oil. Then give atropine sulphate in frequent small doses until you can get the effect of the drug.—ED.

Canned Food Poisoning.

QUESTION:—What are the symptoms of poisoning by tinned foods, and the best treatment? Are the symptoms due to metallic or ptomaine poisoning? If the latter, is the defect due to imperfect sealing of the tins, or to change, or decomposition in the contents on account of age? W. M. H. KING, M. D.

St. Sylvester, Can.

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[Written for the MEDICAL BRIEF.]

Urticaria: Its Varieties and Treatment.

BY DAVID WALSH, M. D. (EDIN.).
Physician Western Skin Hospital, London W.
London, England.

In many ways urticaria is one of the most interesting diseases that fall within the province of the dermatologist. Its essential process is that in response to an irritant, applied either from without or within, there is a rapid development on the surface of the body of wheals which itch and burn, and after a time disappear just as suddenly as they came upon the scene. In addition to that direct irritant origin, however, we must add a smaller group of cases in which the urticaria is undoubtedly of central nervous origin, as when the condition is developed under the influence of strong mental emotion. It is also to be remembered that certain blood-borne irritants may affect the nerve centers rather than the peripheral nerve terminations. Lastly, there is the theory of nervous reflex origin, a vague explanation that is being constantly narrowed in its application as our knowledge of concomitant facts becomes more accurate. From whatever source it may arise the wheal is the outward and visible sign of a wave, a vasomotor disturbance, and appears to demand as an invariable antecedent some unstable innervation, either central or peripheral, of the cutaneous vascular apparatus. No other hypothesis than that of predisposition would explain the fact that not a few persons are immune to the urticarial irritation of nettle stings and to the bites of fleas, bedbugs, and under some circumstances, even of mosquitoes. Although of late years a good deal of light has been thrown upon the subject, it can not be said that scientific medicine has yet solved the problems presented by the signs that fill in the everyday clinical picture of urticaria in such bold and unmistakable outline.

The wheals of urticaria last for a time that may vary from a quarter or half an hour to several hours, or even in some instances to two or three days, when they disappear and leave no desquamation. They are raised swellings, oval or rounded in form, and are the seat of

burning, tingling and itching sensations, often of an almost intolerable kind. Their average size is from that of a threepenny piece to a sixpence or a shilling; they may be small as hempseeds or large as the eggs of a hen or a turkey, or even bigger. When they follow scratching by the finger nails they have a characteristic linear form. At times the wheals may be red instead of white, and may become hemorrhagic, and be accompanied by copious bleeding from mucous membranes, or develop vesicles or bullæ. Their distribution is general and nonsymmetrical. As indicated by the name, they resemble exactly the swellings caused in most persons by the sting of a nettle. The sharp hair of the plant introduces an irritant fluid into the tissues of the skin with which it comes in contact. There is an instantaneous vasomotor response shown by a red flush due to dilated capillaries; this congested stage is followed by one of rapid edema or serous effusion, whereby the vessels are emptied and the swollen area becomes anemic. The result is a rounded, firm, white swelling, surrounded by a faint flush. The first sensation of pain on contact with the sting is replaced by the sensory disturbances mentioned, which last until the wheal suddenly dies away. These sensory symptoms may be due to mechanical pressure of the swollen tissues upon nerve endings, or to the direct toxic action thereon of the nettle virus. Some persons are not affected by nettle stings; that is to say, they get no resulting inflammatory edema, just as others escape annoyance from flea bites. It seems not unlikely, therefore, that a special predisposition to peripheral vasomotor disturbance must be present in the individual susceptible to nettle stings, and, *mutatis mutandis*, to nettle rash. The matter is further complicated, however, by the fact that a certain amount of exposure to mosquito bites confers immunity to the majority of individuals. So far as one has been able to learn, no such immunity has ever been acquired by persons susceptible to nettle stings, and to the bites of fleas and of bedbugs. The question as to how immunity follows exposure to mosquito bites is worthy of careful scientific inquiry by some observer who lives in a mosquito-ridden district. Almost any kind of chemical, thermal or mechanical irritation may give rise to urticaria. By drawing the finger nail sharply over an urticarious skin a wheal may in many cases be at once excited. The invariable antecedent conditions to urticaria are an irritable vasomotor system, the presence of an exciting cause in the shape of an irritant, external or internal, or of a central or reflex nervous impulse.

Urticaria may be acute or chronic; that is to say, it may run a short febrile course, when its cause is usually clear, or it may recur in crops for months or years, in which event its origin is for the most part obscure.

Etiology.—Urticaria is a symptomatic vasomotor reaction in response either to an irritant locally applied or to central or reflex nervous action. The irritant may affect the skin either from without or within.

External Irritants are Legion.—The bites of many insects, as the flea, bedbug or mosquito, contact with certain hairy caterpillars, or with various plants, as the primula obconica, the stinging nettle, and, in a case published some years ago by the present writer, the angelica plant, which is candied and used extensively by confectioners. The cuttlefish, jellyfish, and other marine animals, may act in the same way. Cold is not an uncommon cause, as the use of the cold bath, or contact with snow. Heat is sometimes an excitant, and in one case under the writer's care a gentleman could not go into a warm greenhouse without at once setting up an urticarious eruption. Washing in oatmeal water has been known to induce nettle-rash, which is produced by many drugs. Indeed, to draw up a complete list of the biological, mechanical, thermal and chemical irritants that have given rise to contact-wheals would be to fill several pages of this journal.

Internal irritants form another large and varied group. Of these the simplest are certain drugs, such as quinine, copaiba, antipyrin and morphia, in which the action is presumably a direct one on the skin. According to the writer's theory of excretory irritation, the drug itself, as in the case of iodine or

copaiba, acts as a blood-borne irritant to that part of the skin whereby it is being excreted, just as it does on other excretory organs, for example, the kidney. This explanation applies with equal readiness to other sources of internal irritation, such as particular foods, or the products of various gastro-intestinal or uterine disorders. The analogy between a drug and a toxic product of tainted meat in the production of an identical nettle-like rash is obvious. In both cases the individual must be predisposed, for many persons take copaiba, and suffer from ptomaine poisoning without developing any eruption. One man can not touch, say, a nut or a strawberry, while another can not eat cheese without setting up an urticaria. The commonest articles of food at fault are crabs, lobsters, oysters, mussels, and other shellfish, mackerel, pork, mutton, sausages, oatmeal, mushrooms, cheese, nuts, bitter almonds, strawberries, and other fruits. In all cases it seems likely there is some special irritant capable of acting in one of two ways, either directly by contact with the tongue and other mucous membranes, or indirectly after absorption into the blood-stream, or in both ways. McCall Anderson has published a case in which oatmeal proved an invariable urticarial excitant whether applied externally in washing, or internally as a food. The direct irritation of mucous membranes has been alluded to. Thus, the tongue sometimes swells up to an alarming extent on contact with a nut or other article of food against which the affected individual has an urticarial predisposition. From the fact of bronchitis and gastro-intestinal irritation occurring together with nettle-rash it is probable that the mucous membranes generally are open to urticarial invasion. The conjunctiva may be also affected.

Mental excitement sometimes produces severe urticaria of different parts of the body.

To the peripheral and central nervous origin of urticaria most authorities add that of reflex action. Indeed, the urticaria of strong excitement may be described as a reflex of various external stimuli conveyed to the brain chiefly through the senses of sight and of hearing. While admitting the possibility or probability of a more extended field of reflex actions, it may, nevertheless, be pointed out that the instances commonly cited in proof of the reflex origin of urticaria may be quite as readily accounted for on the theory of a blood-borne irritant acting directly on the skin. Thus, uterine disease has often been quoted as a typical example of reflex urticarial irritation. In such a condition there is presumably, as a rule, plenty of toxic material capable of causing nettle-rash ready for absorption. The possibility of the entry of such material into the system is shown by the rashes that have sometimes followed vaginal or uterine douches of boracic acid, or by mercurial poisoning after similar applications of corrosive sublimate. The connection between the tapping of hydatid cysts and other surgical procedures may be readily explained by the theory of septic absorption, which also applies to the nettle-rash occasionally associated with gall stones. Lastly, the concurrence of urticaria with intestinal worms, often quoted as an unquestionable example of reflex irritation, may be quite as reasonably attributed to the absorption with the circulation of toxic products from the deranged intestinal tract. It may be, of course, that the blood-borne toxin produces the urticaria by its action on the nervous rather than on the cutaneous system, but on the other hand it is to be noted that ptomaine rashes are often scarlatiniform, which looks as if their irritant action were rather directly local upon the glands of the skin. On the whole, it would be perhaps safer to say of the so-called reflex urticarias that the exact method of causation in most cases requires further investigation.

Varieties.—Urticaria acute runs a short course. The characteristic rash is attended by gastro-intestinal irritation, headache, furred tongue and a feeling of prostration. The temperature usually runs up to 101° F. or 103° F., when the condition is known as *urticaria febrilis*. The rash may not appear for a day or two after the onset of symptoms. The cause is usually evident in the shape of some drug or article of food. It is worthy of note that although, as a rule, the rash quickly

subsides, yet at times it persists long after the removal of the original cause, as though the skin had taken on "a bad habit." A similar observation applies to the disturbed gastro-intestinal functions.

Urticaria factitia is that form in which the cutaneous surface responds readily to local irritation, so that, for instance, names scratched on the skin with a finger nail quickly stand out in raised wheals. This interesting condition is known as "dermographia," and may be compared to some extent with the *Vâches cérèbrales* (the *Vâche méningitique* of Trousseau), red lines caused by drawing the nail over the skin of children suffering from tubercular meningitis.

Urticaria chronica.—In this form successive acute crops appear at longer or shorter intervals over a period of time varying from months to many years. Its cause is often extremely difficult to discover, but there is the tendency, already mentioned, of an acute attack to become chronic. In these chronic cases a fairly constant association with rheumatism, both family and personal, and with bad teeth, may be noted. There is no special condition brought under the notice of the dermatologist that demands more patient investigation than certain cases of obstinate urticaria. Fortunately, persistence on the part of the physician and patient is tolerably sure to be rewarded in the long run by the cure of a troublesome malady. .

Urticaria gigantea (of Milton) is characterized by the large size of the wheals. Hardy described this variety under the name of tuberous or edematous urticaria. It sometimes attacks the region of the eyelids, which become so puffed up as to quite close the eyes. The appearance then may be aptly compared with the swollen eyes sometimes due to mosquito bites. Hemorrhage may take place with these edematous wheals.

Acute circumscribed edema (Quincke) is another name applied to urticaria of the excessively edematous type, and is really the same as the giant form. Other names are: fugitive cutaneous edema, ephemeral congestive cutaneous tumors, angioneurotic edema, acute subcutaneous edema, and so on. The essential feature is the appearance of evanescent and circumscribed firm edematous tumors, which may vary from an inch or two in diameter to huge swellings involving the whole of a limb.

Urticaria perstans is a rare condition, in which the wheals remain for a long and sometimes indefinite period.

Urticaria papulosa is an important variety affecting children, also known as *lichen urticatus* (Bateman) and *prurigo infantilis*. The chief trouble is the itching. On examination there is a rash about the body, especially on the back, and less on the limbs, consisting of inflammatory, pale papules, with excoriated and scabbed tops. The small reddish wheals may not be seen at the time of examination, but a history of their occurrence can generally be got from the friends of the patient. The skin in chronic cases is studded with papules, and has not inaptly been described as feeling somewhat like a nutmeg grater. The disease is suggestive of scabies, but it has not the characteristic burrows and the distribution of the parasitic condition. It is an extremely chronic condition and obstinate to treatment, lasting for years and growing worse in summer. It is usually found to be curable in Great Britain and France, so that it appears to be a condition distinct from *Hebra's prurigo*, which begins in early life as an urticaria, but is said to be incurable and to entail a life of misery. Less severe cases of a similar type have been reported from time to time in recent years in England, where they have been regarded as lichen urticatus that has persisted into adult life.

Treatment.—The first step in approaching the treatment of this troublesome symptomatic complaint is, find out the cause, a task which may be simple enough, or on the other hand, may prove extremely difficult. Acute cases may be due to the ingestion of some special article of food, when an emetic and a brisk saline purge may be all that is required to effect a cure. Enquiry may show that the rash has been caused by taking a certain drug, which must, of course, be at once stopped. In acute and transitory cases a little soothing external treatment may be needed for the skin, but now and then the acute

local irritation continues and calls for systematic treatment. Disorders of digestion should be remedied, and it is worthy of note that the dyspeptic troubles of an acute urticaria may linger long after the original fleeting disorder. External sources of irritation may be self-evident and permit of ready removal. At times, however, they may be obscure, such as the contact of woolen underclothes, or even of linen clothing that had been washed with certain chemicals. The use of softer underclothing, such as silk, may meet the case. The cold bath is said to be answerable for the rash in some instances, just as washing the hands in cold water suffices to bring on an attack in certain predisposed individuals.

In chronic cases the course is by no means so clear. In dealing with them one is reminded of the somewhat time-worn axiom, that the best physician is, after all, the best dermatologist. For their alleviation it will be necessary to inquire into every system of the body. The state of the teeth, the digestion, both gastric and intestinal, and the action of the bowels, require attention. The uterine and menstrual functions, and the state of the nervous system must be investigated. There is no doubt that the symptom of urticaria is caused frequently by auto-inoculation, as, for instance, by the absorption of toxic material from the bowel or from a septic utero-vaginal tract. Therefore, the appropriate treatment of nettle-rash may be that of chronic constipation, or of curetting the uterus. The gouty and rheumatic diatheses, especially the latter, may be active predisposing causes. The teeth should always be attended to at the outset of treatment.

Internal Treatment embraces aperients, as aloes and iron pill, or Hunyadi János water and other salines. The gouty and rheumatic states require appropriate remedies. Antipyrin and antifebrin in ten-grain doses, are said by Crocker sometimes to cut short or even to cure an attack. Bromide of potassium, tincture of belladonna, salol, salicylate of soda and quinine may be tried in obstinate cases. Ichthyol, two and a half grains in pill thrice daily, has been much lauded in some quarters. The subcutaneous injection of atropine in doses of one one-hundredth grain, cautiously increased, is worth a trial. Diet is of importance, and each patient should find out for himself if any particular article of food sets up urticaria. In children it is important to avoid sweets, and to give a plain, wholesome diet, consisting largely of milk, while the stomach and bowels may be regulated with small doses of pepsin and grey powder. In adults, sweets, malt liquors and heavy wines are to be avoided, and regular exercise and plain living to be enjoined. By care and patience it is possible in the long run to cure the most obstinate cases both in children and in adults.

Locally, warm alkaline baths are useful. Sponging with creolin (one drachm to eight ounces), lead lotion, carbolic acid (one drachm to eight ounces), sanitas fluid (one to three), liquor carbonis detergens (one drachm to eight ounces), vinegar and water, or eau de cologne, may give relief. The applications should be changed from time to time, as they appear to lose their efficacy with prolonged use. Generally speaking, antiseptic, astringent and evaporant lotions and baths are preferable to ointments. Patience in investigation, patience in treatment, patience everywhere, is the key to success in the treatment of urticaria.

The Vomiting of Pregnancy.

Dr. John P. Dow says that in mild cases of the vomiting of pregnancy, when medication is not desirable or feasible, he is very fond of following an old German custom. He advises the patient to take a small cup of strong coffee upon waking in the morning—best without sugar and cream—then to remain quietly in bed for an hour before getting up.—*New York Med. Jour.*

Tuberculous Cough.

℞ Syr. Wild Cherry ..... 2 drachms.
Tinct. Lobelia ..... 2 drachms.
Tinct. Sanguinaria ..... 2 drachms.
Syr. Ipecac ..... 1 drachm.
Tinct. Capsicum ..... 1 drachm.

M. Sig.: Teaspoonful every two honrs.

—*Med. Summary.*

[Written for the MEDICAL BRIEF.]

Hypnotism, and Some Cases Where I Would Use It.

BY RALPH ST. J. PERRY, M. D.,
Farmington, Minn.

It has been said that some men run in ruts, that they get one therapeutic idea in their heads and apply it to all manner of cases. Perhaps it might be said, on the other hand, that sick people run in ruts, and many cases demanding similar treatment come to the same man. I know that in years gone by I have seen in various numbers of the BRIEF whole series of cases which, to my mind, seemed to call for the same treatment. And it has been proved more than once that a man who has thoroughly mastered one form of treatment can accomplish wonders therewith in the most unexpected places and under the most adverse conditions, and this when an ordinary physician would fail.

This preliminary verborrhea is due to the fact that in the January number of the BRIEF I ran across a series of cases which called to mind a single form of treatment. But, before opening up my therapeutic tirade, I want to congratulate Dr. Herring, of Wilson, N. C., upon his exceedingly interesting article, and extend to him my hand. Here it is, Doctor, ☞. I hope a "whole lot" of young M. D.'s will read that article and store it away in the depths of their hearts, or in their Isle of Reil, or wherever else they may have their memories located. There's lots of good, old-fashioned common sense therein that will do them a "power of good" when they go out into the world and mix up with the common herd of humanity.

Now to those cases: Dr. T. J. Taylor presents a case of paralysis following typhoid fever, a not uncommon sequelæ of the disease, and one which usually disappears spontaneously if given time and not interfered with. This interference usually consists of adverse suggestions given by kind-hearted and sympathetic friends, who unknowingly poison the patient's brain with the most malignant drugs known in such cases. The pathologic condition which induced the paralysis has vanished, the tissues are sufficiently healthy to carry on the normal function, and all that is needed in most cases is a good, nourishing mental and physical pabulum. Take such a patient and talk paralysis, crutches, wheel-chairs, bed-ridden helplessness, and other like trash to him day after day, and he needs a stronger mind than most typhoid convalescents own to successfully combat the automatic tendency to give up and not get well. Personally, I do not think there is a case of paralysis, of the ordinary bed-ridden or invalid-chair species, which can not be cured promptly, suddenly, quickly, if the proper means of reaching and controlling the patient's brain can be discovered. During the twenty odd years that I have monkeyed with, dabbled in, studied and practiced hypnotism, mesmerism, or suggestive therapeutics, I have seen over a score of just such cases which have lost their paralysis under the power of suggestion. *Vide* the large number of persons who are "miraculously" cured by the host of divine healers, faith curists *et al.*; and we know the whole cure rests upon the principle of hypnotism. I firmly believe that if Dr. Taylor will try suggestion on his patient both will be gratified by the result.

Dr. C. H. Merz, of Sandusky, Ohio, who asks for information concerning "Vibration," is probably aware of the fact that the French authorities frequently use the term "Animal Magnetism" in speaking of hypnotism, and also that many people advocate the idea that the effects of hypnotism are due to the vibrations of a magnetic fluid or ether which passes from the operator to the subject. Mesmer and quite a number of his more recent followers have taught such a doctrine, and have induced hypnosis by methods based upon that hypothesis. As a matter of experience, I have always been able to secure quicker and better results by following the methods of Mesmer than by those of Charcot, Braid, Bernheim, and others of the more scientific and modern schools.

That case of sexual debility down in Iowa is a sample of another batch of victims of the manly art of self-abuse who need mental toning up more than they do physical. Quite frequently

these boys have a tender or hyperesthetic urethra because of too much abuse and need a cold sound, and a mild genital sedative; but if you can get control of their intellects you can accomplish, in a few days, what would require weeks by old-time drug methods. I have found, many many times, that a proper course of suggestion has accomplished wonders. Just once demonstrate to these fellows that they are capable of doing as well as the next man, and thereafter they have no further use for drugs.

The tobacco habit which Dr. Abernathy is worrying over is only one of the many habits which can be, and are, daily conquered by hypnotic suggestion. Of course, I hardly expect the doctor to cure himself by auto-suggestion unless he has the will-power to go at it thoroughly. I would suggest that, instead of allowing that "insatiable longing" to get into his head and force him to use the weed, he try the plan of constantly saying to himself that he does not want it, does not crave it, can get along without it, does not need it, do not care for it, etc., until he has forced himself to abstain from it altogether.

I have seen quite a number of locomotor ataxics, who had not their feet in the grave, recover under the use of hypnotism. I fully realize the grave pathologic conditions existing in this disease, and whether these cures were D. V., or due to the hypnotism solely, I do not pretend to say; all I know is that they got well, or lost the existing manifestations of the disease and were happy. It strikes me that a case which has remained stationary for any length of time would lead one to hope, and if I were Dr. Strother, of Los Alamos, Cal., I would certainly try suggestion.

Dr. Rogason's letter, from New Orleans, shows the first symptoms of lost manhood. He has discovered something new to him, in his scrotal mechanism, and at once becomes startled thereat. Being a physician, he counsels with a competent, reliable source of information; but had he been an innocent, bashful member of the to-be-fleeced family, he would have corresponded with some advertising specialist in venereal work, requesting an answer in a plain envelope, and his troubles would have just begun. Many a man who is sexually strong is mentally weak, and the emasculating suggestions of the "specialist" soon accomplish his ruin.

Dr. Vance's case of enuresis nocturna represents another large class of cases which seem peculiarly amenable to suggestive treatment. Even in young children I have had little difficulty in securing a permanent cure, and in the older cases it has usually been "as easy as rolling off a log." Of course, if there is any local condition which causes or aggravates the trouble it should be removed; phimosis of the penis or clitoris should be operated upon, local inflammations should be controlled, but for the pure, unadulterated habit of bedwetting, hypnotism is an A No. 1 remedy. Dr. Andrew's case of vesical irritation reminds me that several years ago there was brought to me for treatment a lady, from Eau Claire, Wis., suffering from chronic cystitis. The case has always been in my mind because of this: I washed her bladder out thoroughly once, and once only, to cleanse it of ammoniacal urine and other irritants, and then put her under hypnotic control. This was done, at first, to alleviate the pain, so that a thorough examination of the bladder could be made, there being a cystocele and rectocele along with the cystitis. To the surprise of myself and all interested, she announced the next day that she felt much better, that she had passed water with more comfort than she had for months, and she positively asserted that the cystocele and rectocele were smaller than they had been. An examination verified this latter statement. The hypnotic treatments were continued, and, after half a dozen seances, the patient had so far improved that she went home, where the suggestive treatment was followed up by her family physician, whom I had instructed in the science. In a short time she was cured, with no other treatment; that was in the fall of 1894, and there has been no relapse up to date.

Constipation (J. E. S., of Georgia), especially of the chronic variety, has for many moons been the victim of

hypnotic suggestion. By a proper direct suggestion at the beginning of treatment, followed by suitable post-hypnotic suggestions, satisfactory results have been secured in many cases. The celerity with which a suggestion can become effective in peristaltic affairs I have occasionally demonstrated in very susceptible subjects by giving very strong suggestions of acute diarrhea, and the subject has barely had time to go through the preliminaries which civilization and twentieth century society require. How lasting these suggestions can be made is being demonstrated all over our land by practitioners who use hypnotism in their practice every day.

Neuralgic pains (G. A., of Tennessee,) are easily conquered by suggestion. I have cured so many headaches, toothches, stomachaches, backaches, intercostal neuralgias, etc., that I long ago lost track of their number; and all done by the mere "laying on of the hands," accompanied by some suggestions covering the symptoms of the patient. Having removed the neuralgia from the cognizance of your patient, give the necessary remedies to remove the cause; or, if merely a transient affair, the cause will pass away before the effect of the suggestion wears off.

Food for Nervous Individuals.

As a rule, salt meat is not adapted to the requirements of nervous people, as nutritious juices go into the brine to a great extent. Fish of all kinds is good for them, raw eggs, contrary to the common opinion, are not as digestible as those that have been well cooked. Good bread, sweet butter, and lean meat, are the best foods for the nerves. People troubled with insomnia and nervous starting from sleep and sensations of falling can often be cured by limiting themselves to a diet of milk alone for a time. An adult should take a pint at a meal and take four meals daily. People with weakened nerves require frequently a larger quantity of water than those whose nerves and brains are strong. It aids the digestion of food by making it soluble, and seems to have a direct tonic effect.—*Healthy Home.*

[Written for the MEDICAL BRIEF.]

Atonic Impotency.

BY H. R. WEBER, M. D.,
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Chicago, Ill.

To the average male adult nothing perhaps short of death itself is so generally dreaded as the loss of virility, and, indeed, instances are common where men have laid down their lives rather than submit to operations which would annul their powers of coition and procreation. The Marquis de Fontenoy in a sometime letter cites such an instance as follows: "Lord Douro, afterward the second Duke of Wellington, along with young Lieutenant Rose, best known as Lord Strathnairn, and one of the Beresfords, formed a party of three who, during a stay in the Orient, became involved in a very bad scrape, being caught within the precincts of the harem of an Egyptian pasha at Cairo. Beresford forfeited his life, whereas Lord Douro and young Rose accepted an alternative which many men would have declined, as did Beresford." The alternative, of course, being that they submit themselves to be used as clinical material in the pasha's "eunuch factory."

Most surgeons can recall cases where men have absolutely refused to part with useless carcinomatious organs, although fully cognizant that such refusal meant death, simply reiterating in answer to every argument that they "preferred to die like men" rather than submit to emasculation. Hence, impotence must rank as a most important pathological condition, and a brief discussion of its etiology, pathology and indications for treatment may always be considered *apropos*.

Excluding all cases of impotence due to malformation and other abnormal conditions which fall within the domain of surgery, the scope of this paper will be limited to that variety of sexual disability known as nervous or atonic impotency, and which is usually curable by pyschical or medicinal treatment, or by a judicious combination of both.

In considering the etiology of this affection we find, in the first place, causes wholly referable to the nervous system, and again, causes which tend to produce hyperemia and hyperesthesia of the prostatic urethra, to which the resulting morbid nervous condition with exaggerated reflexes, leading to hypochondria, melancholia, and even insanity, are secondary.

Absence of sexual desire must be recognized as being sometimes present. The venereal propensity is by no means uniform in men; in some it is intense and importunate, in others markedly feeble and occasionally entirely absent. Indulgence and fostering ideas connected therewith increases the propensity; an opposite course may extinguish it. Personal antipathy in the marital relation often leads to sexual frigidity, which in turn engenders domestic unhappiness. The wear and tear incidental to the keen competition in all pursuits and callings usual to life in our larger cities tends to repress sexual desire. The depressing emotions, as fear, anger or disgust, intense mental pre-occupation, the fret and worry of business, financial reverses, dissipations, all produce a diminution of the venereal propensity, and occasionally apprehension of inability to perform the act of coition results in incapacity. Ordinarily, this variety of impotence is but of a temporary character. Sexual perversion is also either a cause of or associated with impotency. Some sexual perverts inherit their unnatural tastes and begin their revolting practices in early childhood. Others adopt them after puberty, "in search of stronger stimuli for organs beginning to flag as the result of earlier sexual excesses." In either case the result is impotency. Insanity is often already present. Among the most fruitful causes of chronic congestion and hyperesthesia of the prostatic urethra are masturbation and sexual excesses.

Of these the former is usually considered the more harmful, but I believe with Paget that "masturbation does neither more nor less harm than sexual intercourse practiced with the same frequency, in the same conditions of health, age and circumstances." The great trouble with the masturbator is that the occasion is nearly always at hand and excesses easily fallen into.

Of course, the shame and self abasement of the masturbator has a depressing mental effect not common to the free lover of women, who is usually proud and boastful of his conquests. But in either case the resulting physical condition is practically identical—a chronic congestion of the mucous membrane of the deep urethra, associated with extreme hyperesthesia. As the sexual capacity differs as widely in men as the venereal propensity, excess can only be used in a relative sense. It is simply impossible to draw a hard and fast line between natural indulgence and excess which will apply to all. It is sufficient to recognize excess when coition is followed by definite symptoms, mental depression, lassitude, headaches, and especially by noticeable loss of virility, or the occurrence of involuntary seminal emissions.

On no subject do physicians differ more widely than upon continence as a cause of weakened sexual power. Many affect the belief that the function goes on in the organ always from puberty to old age, while others claim that "there is no fact in pathology better established than the wasting of any structure or organ from disuse, and it is contrary to reason and analogy to suppose that a forced, unnatural disuse can fail to affect the capacity of the sexual organs." Personally, I believe that normal, healthy men may usually remain continent for years without injury, yet a certain proportion will suffer thereby.

Spermatorrhea is another undoubted cause of impotency. Excluding physiological nocturnal emissions due to continence, all continual seminal drains may be considered harmful. Diurnal losses nearly always indicate sexual weakness. In most of these cases precipitated ejaculation takes place on the slightest provocation, the mere glance of a woman's eye, or the friction of clothing in walking or riding being sufficient to bring about a seminal emission. Sexual intercourse becomes impossible under these circumstances.

Prostatorrhea, resulting from chronic congestion of the deep urethra following masturbation or sexual excess, is present

in many cases of impotency. The mental effect of contemplating a continued drain, which the patient conceives to be semen, is, perhaps, responsible for the impotency in many of these cases.

Chronic gonorrhea of the deep urethra may also be an occasional, though rare, cause of impotency. Varicocele is also accredited as a cause of impotence. I am, however, exceedingly dubious of its agency in this direction.

The pathology of impotence embraces both the local physical lesion, and the morbid, nervous condition or sexual neurasthenia secondary thereto. The local condition implies an irritation in the prostatic urethra, which is transmitted to the nearest plexi and ganglia, and thence along the sympathetic and central nervous system to the brain, and reflexly to all the nerves of the genital system. Weakness and wasting of the muscles governing erection, because of insufficient nutrition, naturally follows; and feeble erections or complete atony is the result. Premature ejaculations are doubtless due to the too rapid transmission of impressions over hypersensitive nerves.

Of the many general nervous symptoms, the following are the most prominent: Mental depression, defective memory, lack of mental control; judgment is slow, and not to be trusted; doubt takes the place of decision, and embarrassment of self-possession; headache or neuralgic pains are frequent, sleep is disturbed, and on rising in the morning the old-time buoyancy and elasticity are no longer present; there are twitchings of the muscles, flushes of heat and cold, cardiac palpitation, lumbar pain, nervous dyspepsia, gloom and despondency.

Treatment.—Each case must be carefully studied and treated with reference to its etiology. It is sometimes difficult to estimate the predominating force among the various nervous, psychical and physical elements, in a given case, but usually this can be accomplished with a little care, and the treatment directed thereto.

Rest should always be enjoined to enable the exhausted sexual organs to recuperate. Moderation of sexual gratification must be insisted upon. Of the so-called aphrodisiacs, time-worn in the hands of our fathers, nux vomica, or better, strychnia, is probably the only one from which beneficial results can be expected. Phosphorus, which formerly enjoyed much repute, is usually most disappointing; damiana no less so, while cantharides is worse than useless. As a very large proportion of cases have associated with them hyperemia and hyperesthesia of the prostatic urethra, remedies directed to this condition are nearly always called for. For this purpose I find Sanmetto eminently fitted, as it combines the desirable properties of being a soother of inflamed mucous membranes, and a composer of hyperesthesia, with those of a general restorative tonic to the whole genital system. It certainly seems to me to have a direct, rejuvenating influence over the glandular sexual apparatus—exhausted testes of men, undeveloped mammary glands of women, responding to its administration by renewed activity and increased development. What Brown-Sequard hoped to accomplish with his testicular fluid, is to-day possible, to a considerable extent, with Sanmetto. Given in doses of from one to two drachms four times daily, and continued for at least sixty days, it is followed, in all catarrhal cases at least, by the happiest results.

Cases marked with great despondency seem to derive benefit from assafetida, which seems to brighten up the gloom, and enable patients to look on the bright side of things.

Psychical cases require little or no medicine, except with a view to securing the moral effect derived from the administration of a placebo, with the assurance of a cure. Sympathy with the patient, encouragement that his powers are not lost, or will soon return, usually suffices to bring about a favorable result, if the patient's confidence has been won.

Vesical and Urethral Irritation.

H. S. Young, M. D., London, Ont., Can., says: I have used Sanmetto in vesical and urethral irritation, and have found it not only an agreeable, but an excellent remedy, also rapid and beneficial in its action. I strongly recommend it.

[Written for the MEDICAL BRIEF.]

Menstruation.

BY BYRON ROBINSON, B. S., M. D.,
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Chicago, Ill.

Menstruation is the first function of a woman. It is a rhythmatical or periodical process of the uterus and oviducts, beginning at puberty and ending at the menopause. The origin and signification of menstruation is not understood. However, it opens the channels by which the mucosa and serosa of woman's genitals become notoriously ill through exposure to trauma and infection. A physiological suppression of menstruation occurs as in pregnancy. A pathologic menstrual suppression occurs in disease, as tuberculosis, and during the degeneration of fat accumulations. Menstruation begins in general at puberty, at which period of life the primary and secondary sexual characters spring into activity.

The primary sexual characteristics are the vagina, uterus, oviducts and ovary, with their functions.

The secondary sexual characteristics are genital discharges, development of the breasts, sexual appetite, pelvic bones, hair on genitals face and in axilla, body contour, voice and psychic changes, pigmentation and activity of scent glands. Primary and secondary sexual characteristics are developed with the establishment of maturity. They affect the male more than the female. The characteristic of the male is activity and emission of energy. The characteristics of the female are passivity and resemblance to its young. The following are some of the main theories of menstruation:

Hypocrates and Galen held menstruation is a purifying process.

Sigismund-Lewenhardt claimed that menstruation was due to the degeneration of the endometrium. In this theory the decidua menstrualis develops into the decidua graviditatis.

Pfluger (Strassman), claims that menstruation is due to irritation and maturation and rupture of an ovum (1865-1896). The fructified ovum belongs to the first omitted menstrual emission.

Lawson Tait claimed that menstruation was dependent on the oviducts. Also that ovulation and menstruation are independent processes.

A. Johnstone claims that menstruation is governed by a nerve which passes through the base of the broad ligament. The endometrium is the menstrual organ (1886).

Byron Robinson advocates that menstruation is due to ganglia located in the walls of the uterus and oviducts which he terms "automatic menstrual ganglia." It is independent from ovulation (1890). Robinson calls the ovary the chief central sexual organ of woman, and the uterus and oviducts are appendages of the ovary.

Christopher Martin asserts that menstruation is due to a special nerve center located, perhaps, in the lumbar region (1896).

Dr. Goodman propounded the cyclical theory of menstruation in 1878.

J. C. Webster claims that menstruation is a highly specialized means, gradually produced, in the evolution of the highest mammals by which the two great factors in tissue metabolism—anabolic and katabolic, are properly balanced.

The discovery of the ovum, by R. de Graaf (1673); its real nature, by K. E. von Baer (1827); and the bringing into casual relation ovulation and menstruation, by Negnier (1831).

At present two theories of menstruation exist, viz: (*a*) It depends on ovulation. (*b*) It is independent of ovulation.

Menstruation is due to a nervous mechanism termed automatic menstrual ganglia, located in the walls of the uterus and oviducts. Its utility is the secretion of fluid to float an egg into the uterus. Its design is reproduction.

Among the lower animals menstruation and ovulation are concomitant, but as the scale of life ascends they become separate processes. Man and monkey are probably the only animals with a distinct rhythmical or periodical menstrual discharge independent of ovulation. This process in lower animals is called œstrus or "rut." Menstrua-

tion is limited to a certain period of life, seed-time and harvest, generally from the fifteenth to the forty-fifth year. I shall treat of it as due to automatic menstrual ganglia, small nerve ganglia situated in the walls of the uterus and tubes. It is a manifestation of the nervous system. It must be remembered that a nerve ganglia is a small brain; it receives sensation and sends out motion; it assimilates food, and is a trophic center; it reproduces itself, and controls secretion and vermicular action; it is a physiological center, and has all the elements of a brain. These little ganglia are situated along the uterus and oviducts passing through a monthly rhythm, rising and sinking between the extremes of functional activity and repose, and corresponding in these states to the menstrual congestion and intermenstrual quietude of the uterus and oviducts. The oviducts at the monthly periods assume peristaltic motion, a vermicular or tortuous action, so that an ovum may be carried to the uterus by their movements. It may be observed that when the ganglia along the oviducts are in the slightest action, the oviducts become filled with fluid secreted from the blood, which is whipped in a stream toward the uterus by the cilia that always move in that direction. This oviducal fluid furnishes a canal in which the ovum can float to the uterus; for in a dry, contracted oviduct, an egg could only pass with difficulty. The automatic menstrual ganglia are similar to the other visceral ganglia, such as the cardiac and those of the digestive tract, and the renal ganglia. The term "automatic menstrual ganglia" was introduced by the author ten years ago, and represents his views as to the mechanism of menstruation.

Since I consider ovulation a separate and continuous process (whose rhythm we have not yet detected), it may be well to note a few points in regard to its results. The remnants of ovulation are yellow bodies—the corpora lutea—of all grades and sizes.

But after considerable investigation with the ovaries of human beings and the lower animals, I formed the conclusion that the corpus luteum is no sign of pregnancy. To elevate the corpus luteum into a judicial tribunal as evidence of pregnancy, is simply following erroneous authority. We do not yet understand the life duration or significance of a corpus luteum. I have seen corpora lutea in cows which appeared almost exactly identical, though the period which had elapsed since labor varied from seven to twenty months. It must be stated that generally the corpus luteum is larger when it follows pregnancy.

There are four questions to ask in regard to menstruation: 1. Age of beginning? 2. Is it regular? 3. Duration of flow? 4. Is it painful?

At What Age did Menstruation Begin?—It varies with individuals (nine to eighteen years). It is significant as it refers to development of the genitals—normal, precocious or deficient. The girl who begins to menstruate at twelve years of age generally has profuse menstruation and is apt to have subsequent disease, as chlorosis and menstrual disorders. She who begins at eighteen suffers generally with dysmenorrhea, and is very often sterile. The prognosis as regards sexual life in these cases is that of pain and sterility. Early menstruation generally means precocious genital development, late menopause, profuse flowing, disordered menstruation and chlorosis. Late menstruation generally means deficient genital development, painful and scanty menstruation, a sterility and early menopause. Late menstruation may mean inflammatory processes resulting in atrophic genitals. The influences which change the individual age of beginning are: Climate, race, residence, altitude, latitude and longitude, environments, food and disease. Climate (atmospheric and geographical relations) exercises the chief influence among the various factors. In general, the hotter the climate the earlier the menstruate begins. The average age for the beginning of menstruation is: Chicago, fourteen; Sweden, eighteen; Norway, sixteen and one-half; Denmark, sixteen and three-fourths; Russia, fourteen; Germany, fifteen; Great Britain, fifteen; Austria, sixteen; Palestine, thirteen; Turkey, eleven; Syria, twelve; Ceylon, Siam and Japan, thir-

teen; Algiers, nine to ten; in the arctic zones of America and Greenland it varies from seventeen to twenty-three; France, sixteen; Spain, twelve; Italy, thirteen and one-half; India, twelve; North American Indians, thirteen; tropical South America, nine to fourteen.

Race influence on menstruation consists in evolutionary increments; environments, effecting changes through long menstrual periods of time, produce a type—as the Chinése, the Jews and the Russians. High mental culture with little physical labor induces earlier menstruation and later menopause. The late entrance of menstruation and consequent earlier menopause limits the productive capacity of the laboring classes. Civilization intensifies sex. It hastens menstruation by magnifying marriage, and by concealment of the genitals by dress, undue attention incites the imagination. The theater, the dress, the literature on sex, the monthly rhythm, call attention to the genitals and induce congestions. City girls menstruate earlier than country girls, due, perhaps, to early irritation of the nervous system. Individual, temperament, constitution, play a role as regards the time menstruation begins. Extremely early entrance (birth to eight years old) of menstruation (menstruation precox) is pathologic, as is shown by the accompaniment of hydrocephalus, malignancy in the genito-urinary organs and rachitis. A frequent symptom accompanying precocious menstruation is precocious development of the mammæ.

Is Menstruation Regular?—It requires an average of eighteen months for menstruation to become regular after the first period. Menstruation does not usually proceed with exact regularity after its first occurrence. It may be suppressed for some months, and again recur regularly. Many girls with weak, nervous systems have irregular menstrual flow for years. The fleshy girl is prone to irregular menstruation, and the tubercular patient suffers likewise. In such girls the automatic menstrual ganglia are deficiently developed; they are unable to initiate and sustain the menstrual rhythm. These patients are extremely nervous about their condition, and are continually seeking specific remedies, which, as a rule, fail. It is malnutrition.

How Many Days does the Menstruation Flow?—This is difficult to estimate, as so much depends on the sentiments and habits of the woman. Some change the napkins several times a day, while others change them but seldom. If more than three napkins are used daily for more than four days, it may be considered profuse menstruation. Menstruation was doubtless never originally intended to get rid of blood. It seems that the loss of blood at menstruation is a detriment to the woman. However, many women lose much blood at the periods, and still remain healthy; but that is simply because they are endowed with good, robust constitutions. If a woman with a weak constitution loses blood freely at the period, she soon manifests exhaustion. A woman should menstruate once a month, with an average of four days' flowing, an average discharge of four ounces. We do not know exactly how much blood should be discharged at each month. It is an individual matter. The normal menstrual flow begins gradual, remains uniform for a time, and gradually ceases. The normal flow practically does not weaken or pale healthy women.

Is Menstruation Painful? — Natural menstruation is not painful; when pain is present the condition is known as dysmenorrhea. Painful periods are disordered menstruation, and indicate pathological conditions. A feature in regard to painful menstruation is that it soon deteriorates health. Dysmenorrhea generally depends on endometritis and myometritis, especially the latter. Simms was the author of the idea that dysmenorrhea is of mechanical origin. This view obtained wide recognition, but I believe the theory is erroneous. If a patient who is subject to severe dysmenorrhea be placed on the table while she is in the most severe menstrual pains, and a sound be passed into the uterus, no blood will follow it. The uterus is empty. But just as soon as the menstrual discharge becomes freer, the pain is less severe. Young and sterile women are the ones who suffer from painful menstruation. Dysmenor-

rhea is nearly always in the beginning of menstruation, before the flow is established. The general and basic cause of dysmenorrhea is myometritis. During the menstrual rhythm the uterus becomes congested and swollen; blood tends with vigor toward the uterus. As the blood-vessels of the uterus expand, the sheath of the nerves in the inflamed (myometritic) uterus is pressed on, and this induces pain. Congestion in any inflamed tissue causes pain. As soon as the distended and congested blood-vessels obtain relief by depletion, the pain ceases rapidly. No doubt the reason that the theory of mechanical dysmenorrhea obtains so wide acceptance is because the pain resembles labor pain. The woman bemoans that the uterus can not expel the blood clot. She has found out by experience that as soon as the flow begins she is relieved. Dysmenorrhea, then, is due to a pathological condition of the uterine walls, or adnexa. For ages dysmenorrhea and sterility have had a popular connection. But the sterility does not depend on the dysmenorrhea, but on the myometritis (endometritis), which is the cause of the pain. The endometritic and myometritic uterus is not in a condition for gestation; abortion generally cuts the latter short, though conception itself is not frequent among such patients. Again, anteflexion, dysmenorrhea and sterility are frequently found associated. But while the sterility depends on the myometritis which induces dysmenorrhea, the anteflexion is directly dependent on the inflammatory state. The pathological tripod (anteflexion, dysmenorrhea and sterility) rests on inflammation (myometritis). Dysmenorrhea is a symptom whose base is generally inflammatory. More seldom it rests on a disturbed function or a nervous anomaly. The etiology of dysmenorrhea may be disease of the uterus, oviducts, ovaries, the peritoneum, or the subserosium. Endometritis glandularis, interglandularis, exudativa et dysmenorrhoica are terms showing that it may arise in the endometrium. Dysmenorrhea is essentially a pre-menstrual pain, lessening as the flow of blood increases. The pain, which is of a dull character, is referred to the lumbosacral and hypogastric regions. It is generally an acquired disease, not exactly existing at the first menstruation, frequently following mainly gonorrheal infections. Dysmenorrhea membranacea, first observed by Morgagni (1723), is a form of disease accompanied with painful ejections of fibrinous masses resembling the shape and size of the endometrium. The author has termed it a secretion-neurosis of the endometrium. The ejected membrane may consist of organized fibrin and possess no anatomic significance. The expelled fibrinous membranous exudate may possess the exact shape of the endometrium—triangular with the three anatomic apertures. From the capacity of the endometrium to mold inflammatory process, to produce fibrin, thi disease has been termed fibrinous endometritis, menstrual. The process resembles the formation of the uterine decidua in ectopic gestation. Anatomic, the disease may be termed endometritis exfoliativa. The typically exfoliated endometrium represents a three-cornered sac with two oviducal openings and the irregular internal os. The sac may be one-sixth to one-tenth of an inch thick, with rough gray fat appearing on external surface, and smooth internal surface. It should be prudently inspected to discriminate it from a natural placenta. The basic disease of membranous dysmenorrhea is an endometritis, especially of the interglandular variety. The microscope shows the intricular glands are lessened in number and size, while glandular destruction has doubtless occurred, for they stand widely isolated from each other. Local areas of round-celled infiltration occur. The microscope shows that a certain resemblance exists in the histologic structure between the decidua menstrualis and the decidua graviditatis. In certain forms of dysmenorrhea no palpable anatomic changes can be demonstrated, no inflammation nor thickening of the endometrium can be perceived. Yet severe suffering exists at the menstruation. The single symptom consists of an extreme sensitiveness of the endometrium by contact of the sound. It is hyperesthesia of the uterine mucosa, following the swelling and edema of menstruation. This form of dysmenorrhea simu-

lates that of deficient development, which possess a defective anatomic base. The pain may be due to the fact that the genital blood-vessels are too small, and during the menstrual congestion suffer pressure, distention, which calls up reflex disturbances. The vascular pressure, distention, also arises in myometritis during menstruation, producing severe local pain and numerous reflex disturbances. The term mechanical dysmenorrhea should not refer to obstruction of flow from the uterine cavity, as that rarely exists, but to a mechanical hindrance in the blood vessels, due to bending, kuking, deviations, flexions or dislocation of the uterus; also the rigid walls of the myometric uterus will not allow vascular distension without peripheral nerve pressure or trauma. A polypus and submucous myoma may induce severe congestion. The polypus may pass, partially or wholly, out of the uterine cavity, and return subsequent to the menstrual flux, causing painful uterine contractions.

(To be continued.)

[Written for the MEDICAL BRIEF.]

A Radical View.

BY DAVID MACKAY, M. D.,
Dallas, Tex.

When, O when, is our profession to get rid of all superstitious faith and get down to solid facts—scientific cocksureness—gnoses—as all science is or it is not science at all? Let us get hold of the basal fact that we know nothing outside of our own neuroses which manufacture all things which are simply thinks or sensations in our sensorium, and of such our universe is made—including the concepts space and time. Reason founded on this will not run off the sensory track into quagmires, pursuing will-o'-the-wisps like serum, vaccine virus, etc., to prevent or cure disease, or any false idea of an exoteric or objective—which of course must throw all religious faith out of court, and make our all subjective—the work of our somatic brain. Health, vital action or things normal can only be regained by purifying, never by filthifying, which vaccination, etc., is.

[Written for the MEDICAL BRIEF.]

Fundamental Principles of Free Government.

BY J. W. LOCKHART, M. D.,
St. John, Wash.

"The distinctive and characteristic feature of the American system is equality before the law. The first declaration of the American people upon asserting their independence as a nation, was, 'that all men were created equal;' and the purpose of the founders of the Union was to establish a government of equality before the law in which privileged classes should not exist. A government of equality of rights, equality of duties, and equality of burdens. In order, therefore, to secure this equality before the law, the Reconstruction Committee placed at the end of Section 1 a clause providing that no State should 'deny to any person within its jurisdiction the equal protection of the law,' and this has been interpreted to be a 'pledge of the protection of equal laws.'"—W. D. GUTHRIE, in "Lectures on Fourteenth Amendment."

"Equality in right, in protection, and in burden, is the thought which has run through the life of this Nation and its constitutional enactments from the Declaration of Independence to the present hour."—MR. JUSTICE BREWER.

"It is certainly something in which a citizen of the United States may feel a generous pride that the government of his country extends protection to all persons within its jurisdiction; and that every blow aimed at any one of them, however humble, come from what quarter it may, is caught upon the broad shield of our blessed Constitution and equal laws."—MR. JUSTICE FIELD.

Mr. Justice Bradley, speaking of this clause, said: "It means that no person, or class of persons, shall be denied the same protection of the law which is enjoyed by other persons or other classes in the same place and under like circumstances."

Mr. Justice Matthews said: "These provisions (of the Fourteenth Amendment) are universal in their application to all persons within the territorial jurisdiction, without regard to any

differences of race, of color, or of nationality; and the equal protection of the laws is a pledge of the protection of equal laws."

Chief Justice Waite said: "The Fourteenth Amendment prohibits a State from denying to any person within its jurisdiction the equal protection of the laws; but this provision does not add anything to the rights which one citizen has under the Constitution against another. The equality of the rights of a citizen is a principle of republicanism. Every Republican government is in duty bound to protect all its citizens in the enjoyment of this principle, if within its power. That duty was originally assumed by the State; and it still remains there. The only obligation resting upon the United States is to see that the States do not deny the right."

Again, Mr. Guthrie says: "Under the Fourteenth Amendment, that which had been previously recognized only as a principle of natural justice became a part of the Constitution itself; equality was made an essential principle of liberty. * * * The provisions, if properly construed, assures to every person within the jurisdiction of any State, whether he be rich or poor, humble or haughty, citizen or alien, the protection of equal laws, applicable to all alike and impartially administered without favor or discrimination. * * * The equal protection of the laws has been authoritatively declared to mean that all persons subject to legislation shall be treated alike under like circumstances and conditions, both in the privileges conferred and in the liabilities imposed."

Equality then is recognized as an "essential principle of liberty;" and "liberty," says Mr. Justice Swayne, "is freedom from all restraints but such as are justly imposed."

Mr. Justice Harlan said: "The denial of the equal protection of the laws may occur in various ways. It will most often occur in the enforcement of laws imposing taxation. An individual is denied the equal protection of the laws if his property is subject by the State to higher taxation than is imposed upon like property of other individuals in the same community."

Let us apply the same logic to the practice of medicine. An individual is denied the equal protection of the laws when, as a pre-requisite to engaging in business or practicing a profession, he is subject to legal burdens or examinations that are not required of other individuals engaged in like business or professions. Notice the word "person" in the clause of the Constitution under consideration. If a medical law protects one man in the practice of medicine without having shown his fitness for the business by passing a technical examination, it must protect all other persons in like manner, whether they are citizens of the State or not.

"Person" in the Constitution is used in a much broader sense than "citizen." Persons coming into a State must obviously be allowed to engage in business on the same terms and conditions as those already within the State, otherwise the law is unequal in its operation upon persons within the jurisdiction of the State.

Nor can the State make arbitrary, unjust or unreasonable classifications. "Reason is the basis of judicial interpretation." The medical law that permits recognized and notorious quacks to continue in their infamous business for no other reason than because they had registered a diploma from a legally chartered medical college, prior to a certain date, while it prohibits physicians of acknowledged competence from other States from driving these quacks out of business, is not founded on justice or reason, and bears no substantial relation to the public health.

On this point of arbitrary and unreasonable classification, Mr. Justice Brewer, in delivering an opinion of the court, said: "Yet it is equally true that such classification can not be made arbitrarily. The State may not say that all men beyond a certain age shall be alone thus subjected, or all men possessed of a certain wealth" (he might well have added: or a certain location, at a certain time, or possessed of a certain education arbitrarily determined). "These are distinctions that do not furnish any proper basis for the attempted classification. That must always rest upon some difference which

bears a reasonable and just relation to the act in respect to which the classification is proposed, and can never be made arbitrarily and without such basis. But arbitrary selection can never be justified by calling it classification. The equal protection demanded by the Fourteenth Amendment forbids this. No duty rests more imperatively upon the courts than the enforcement of those constitutional provisions, intended to secure that equality of rights, which is the foundation of free government . . . It is apparent that the mere fact of classification is not sufficient to relieve a statute from the equality clause of the Fourteenth Amendment, and in all cases it must appear not only that a classification has been made, but also that it is based upon some reasonable ground—some difference which bears a just and proper relation to the attempted classification—and is not a mere arbitrary selection."

In holding the anti-trust law of Texas unconstitutional, Judge D. J. Swayne said: "This subject of equality before the law is a fundamental principle of English and American liberty . . . This statute under consideration is clearly class legislation, discriminating against some and favoring others. It is not that character of legislation which, in carrying out a public purpose, is limited in its application, and, within the sphere of its operation, affects alike all persons similarly situated. It may affect, and does affect, individuals of the same class in an opposite way. It favors some individuals of a certain class and denounces other individuals of the same class . . . All property in the State is entitled to equal protection, and no special property is entitled to, or ought to receive, any special favors. Discrimination may be as potent against the citizen in the direction of his property, as if aimed directly against himself personally."

Judge Black, of the Supreme Court of Missouri, in a leading case, said: "Classification for legislative purposes must have some reasonable basis upon which to stand. It must be evident that differences which would serve for classification for some purposes, furnish no reason whatever for a classification for legislative purposes. The differences which will support class legislation must be such as in the nature of things furnish a reasonable basis for separate laws and regulations."

In delivering an opinion in an important case, Mr. Justice Miller used the following language: "It must be conceded that there are such rights in every free government beyond the control of the States. A government which recognizes no such rights, which held the lives, the liberty and the property of its citizens subject at all times to the absolute disposition and unlimited control of even the most democratic depository of power, is after all but a despotism. It is true it is a despotism of the many—of the majority, if you choose to call it so—but it is none the less a despotism. It may well be doubted, if a man is to hold all he is accustomed to call his own, all in which he has placed his happiness, and the security of which is essential to that happiness, under the unlimited dominion of others, whether it is not wiser that this power should be exercised by one man than by many . . . There are limitations on such, which grow out of the essential nature of all free governments; implied reservations of individual rights, without which the social compact could not exist, and which are respected by all governments entitled to the name."

Judge Cooley, in his great work, "Const. Lim.," says: "To forbid to an individual, or a class, the right to the acquisition or enjoyment of property, in such manner as should be permitted to the community at large, would be to deprive them of liberty in particulars of primary importance to their pursuit of happiness."

Again, Judge Cooley, in The People *vs.* Salem, 20 Michigan, 452, says: "But the discrimination, by the State, between different classes of occupations, and the favoring of one at the expense of others, whether that one be farming or banking, merchandising or milling, printing or railroading, is not legitimate legislation, and is an invasion of that equality of right and privilege which is a maxim of State government. When the door is once open to it, there is no

line at which we can stop and say with confidence, thus far may we go with safety and propriety, but no further. Every honest employment is honorable; it is beneficial to the public; it deserves encouragement. The more successful we can make it, the more does it generally subserve the public good. But it is not the business of the State to make discriminations in favor of one class against another, or in favor of one employment against another. The State can have no favorites. It is its business to protect the industry of all, and to give to all the benefit of equal laws."

One hundred years ago, Mr. Justice Patterson said: "Every person ought to contribute his proportion for public purposes and public exigencies; but no one can be called upon to surrender or sacrifice his whole property, real and personal, for the good of the community, without receiving a recompense in value . . . The English history does not furnish an instance of the kind; the parliament, with all their boasted omnipotence, never committed such an outrage on private property; and if they had, it would have served only to display the dangerous nature of unlimited authority; it would have been an exercise of power and not of right. Such an act would be a monster in legislation, and shock all mankind."

[Written for the MEDICAL BRIEF.]

Commendation.

BY C. H. CASS, M. D.,
Holton, Ind.

Herein please find one dollar for BRIEF. About the only journal that is characterized by good-sense. Your fight against fads is refreshing. I practiced medicine fifty-five years, and cured all my diphtheria cases without horse juice. Never lost a fever or flux case, and fought disease, *not bugs*. Again, your diagnosis of the Bryan disease, the bee humming in his bonnet for office makes me think of the boy who fouled his bed. When asked, "Did your mother know it?" "Yes." "What did you say?" "What the devil could a fellow say?" What can the Nebraska crow say but "I object." *Hit them all again.*

[Written for the MEDICAL BRIEF.]

The Tissue-Remedies.

BY F. E. BURGEVIN, M. D.,
Spiro, Ind. Ter.

Dr. J. D. Stocking asks for information (December BRIEF), which would, I believe, be of interest to many. For several years I have been engaged in an exhaustive study of the biochemic remedies. Some are excellent; indeed, I know of none better, where indicated. It is certain that they act according to the physiological law and not according to the so-called law of similars, as the homeopaths claim. These gentlemen are suspiciously fond of the most active and powerful drugs; and though the doses be exceeding small, yet by frequent repetition physiological effects may be obtained, *e. g.*, such potent drugs as aconite or croton tiglium, arsenic, or mercuric chloride, strychnine or atropine, would be used in the 2x or 3x; giving, say, two grains every hour, thus simulating the dosimetric method, and procuring the usual effect of these agents. But should a drug be really without efficacy in such minute quantities, as cinchona or potassium bromidi, or actually inert, as carbo-vegetablis or lycopodium, they would throw a sop to the Cerberus of consistency and go higher, even to the thousandth decimal, and thus satisfy every requirement of their creed. As the drug would be inert, anyway, in the lowest potency, why then live up to your teachings, and give the 200x? Why not? The 3x of arsenicum album is curative, and the 200x of graphite could not hurt a living soul.

To return to the Schuessler remedies. Long experience has demonstrated the activity of some of these preparations; but do not forget that they influence the organism in conformity with natural law, chemically or dynamically, and not "as spirits do." Calcarea fluor., calcarea phos., calcarea sulph., silicea, kali phos., natrum sulph., are all good, and when used *secundem artem*, and strictly according to indications, will give pleasing results. As to the other six remedies I have never been able to convince myself that they possess any therapeutic power; in other

words, in no case could I be sure that the amelioration of symptoms occasionally following their administration was due wholly, or in any degree, to the remedy.

For the six mentioned a better case can be made out; and while all are good, I purpose in this paper to consider calcarea fluor., or fluoride, of calcium, as the one which, in its sphere, has proved the most uniformly reliable and generally useful.

Calcium fluoride is the purified fluor spar, triturated with milk-sugar. In quantity it is an active poison, but in small doses, say one-half milligramme (one one-hundred-and-thirty-fourth grain), well triturated, it is perfectly safe. Moreover, the best results are to be obtained from the employment of minute doses. From one to ten grains of the 3x are, perhaps, the doses most commonly prescribed. It is essential to employ a good preparation. The product of the Luyties' Company is the best that I have yet been able to procure.

In my hands this triturate has proved very effective in all conditions calling for a tonic, astringent, alterative or resolvent. I have elsewhere mentioned the fluoride as a substitute for the salts of iodine with which it is allied chemically; and in a certain class of cases it is far more effective than the iodides. In others it must be combined with other remedial measures. I do not assert that the fluoride may always take the place of its left-handed cousins; for the alterations in diseased states of the organism wrought by this peculiar agent are exceedingly complex and obscure. The fluoride touches the arcana of abnormal life processes at many points, exerting its influence in diverse ways, of which some are as yet not understood, and some but dimly perceived. My purpose in instituting the comparison was to convey, in a word, a sort of provisional notion of its therapy. Closer acquaintance with the remedy will indicate the condition to which it is best adapted, and suggest its proper application.

To particularize, the fluoride is indicated in all swellings of stony hardness (not neoplasms), in all hyperplasias; in all atonic, relaxed, boggy states of muscular or connective tissue. The ultimate results of weakened states of the blood-paths being aneurisms, varices, piles, hemorrhage, atrophy, passive inflammation and its protean results, it follows that the fluoride is indicated in these conditions. A true tonic, its astringent results are permanent; and what is even more remarkable, and in the present state of our knowledge quite inexplicable, this tonicity will usually continue increasing so long as the remedy is exhibited. As a matter of experiment, I have by its persistent local use rendered a part almost bloodless. The temporary excitation of the so-called astringents, without exception, is speedily followed by greater relaxation than before, and by repetition they soon lose all effect. Here, and indeed wherever possible, the remedy should also be used locally in solution.

It would be expected, *a priori*, that the fluoride would be useful in varicocele (an assembly of varices), owing its special significance to its location. In fact, it is here the remedy has won its most brilliant triumphs. The worst cases of varicocele can be cured with more ease and certainty than many cases of intermittent. Under the tonic and astringent effects of the remedy, used locally and internally, relaxation is overcome, better circulation and innervation are secured, nutrition is vastly improved, health is restored.

Why is calcium fluoride the best remedy in such conditions? Why are other tonics and astringents actually injurious? Just here is a disputed point between the biochemists and the allopaths. The former assert that the fluoride actually builds tissue (elastic fiber), and thus restores functions essential to health. The allopaths say, manifestly this is impossible; and like the tyrant who overthrew the chess-board to avoid defeat, refuse to try the case further. I shall not endeavor to reconcile these natural enemies, but in a future screed I may outline my own theory of its action; contenting myself with the statement that the evidence in support of my views appear to me conclusive.

It must not be forgotten that the fluoride is poisonous in substance, and

while smaller doses than the one one-hundredth grain are non-toxic, yet these or even smaller doses may prove irritating. The personal equation and idiosyncrasies, also, are to be borne in mind.

Some require larger, some smaller doses, for a given effect. Indeed, I know of no remedy exacting more patient study in order to secure the desired end; yet when used in the right dose, and in precisely the right way, the fluoride surely is a wonder. A thorough study of the subject alone will enable one to obtain the very best results.

In acute cases the fluoride is used in small, very frequent doses (one-fourth to two grains of the 3x). In chronic cases it should be given not oftener than twice, better once daily; and the dose may be somewhat larger. It is necessary in chronic disease to use it persistently and for very long periods; sometimes (as in goitre) for many months; and to apply it locally whenever practicable. In distinctly localized disease its internal administration alone is wholly insufficient, while its local use alone will often cure. The fluoride is very diffusible and readily absorbed from the unbroken tegument.

The moss-backs will laugh at the idea of curing serious organic lesions with such infinitesimal doses of an unknown drug. It seems like moonshine, delusion—in fact, like homeopathy. I only reply that I am sure of my ground. Careful, earnest, painstaking investigations extending over a period of years should put one in a position to know. Facts are stubborn things, my brethren.

Though the *modus medicandi* be obscure, inexplicable, the facts remain. These minute doses of the fluoride certainly do cure disease. If any skeptic will honestly make the trial I think I can render him such aid as will enable him to use this invaluable agent with success. He can then cure many stubborn cases hitherto intractable, thus adding materially to his income; and I opine that though he may sneer at cold, hard facts, the average skeptic will not elevate his nasal protuberance at cold, hard dollars.

[Written for the MEDICAL BRIEF.]

Doctors of Virginia and Maryland or from any State Have a Perfect Legal Right to Practice Medicine in Indiana and Illinois—Citizens of One State Have no Authority to Bar Physicians of Other States

BY R. C. BAYLY, A. M., M. D.,
Decatur, Ill.

[Paper 3].

I have shown in paper two, that State constitutions and legislatures are subject, as law-making powers, to the constitution of the United States.

I shall now prove that the people of a State, in their legislature, have no right to deprive citizens of sister States of their rights, immunities and privileges, and, therefore, all State legislation barring doctors from the practice of medicine, or taxing them in any way for the right to practice, is a violation of professional courtesy, and is in rebellion to the national authority, and, in principle, is robbery. To take from a doctor what rightfully belongs to him without an equivalent, is stealing or robbery, and when a State legislature takes or in any way destroys vested rights of doctors, it, too, is stealing or robbery. The penalty for robbery is a term in the penitentiary. True, it would be a little difficult to put a whole legislature in the penitentiary, but, nevertheless, it is now believed that if justice had been fully carried into effect, the legislatures of Indiana and Illinois—I do not know how many others—would have been in the penitentiary to-day.

Section two of the Act of Illinois, approved April 24, 1899, reads as follows: "No person shall hereafter begin the practice of medicine or any of the branches thereof, or midwifery, in this State, without first applying for, and obtaining, a license from the State Board of Health to do so." The Act of Indiana, approved March 8, 1897, emphatically declares: "That it shall hereafter be unlawful for *any person* to practice medicine, surgery or obstetrics in this State, without first obtaining a license so to do, as hereinafter provided."

The report of the Indiana State Board of Registration and Examination, for 1897, has the presumption to declare that: "*No person is qualified* to practice medicine, surgery and obstetrics within the State of Indiana who has not first procured a license so to do under the Act of 1897." (Page 436.)

"Certificates upon diploma or upon examination issued by other State boards do not entitle the holder to like certificates in this State, except upon conditions recognized by the Indiana law." (Page 438.)

The conditions of Indiana laws, among others, are to pay from six to twenty-five dollars to the board. That is, to get the privilege of doing what you, as a doctor, had a right to do in Indiana before the board was in existence.

It makes no difference who nor where they came from, nor how many of them. They may be able, good and skilled physicians, having enjoyed their rights and privileges in New York, Virginia or other States in the Federal Union, but they can not be allowed to exercise their rights and privileges in Illinois and Indiana, without first making application, and paying their money. No, sir. In Indiana and Illinois, now, their diplomas or their certificates from sister States, their franchises as doctors of those States, are of no use to them until their owners shall pay down the cash.

It amounts to nothing that doctors from other States have become resident citizens in Indiana; if they have sick children or friends for whom they, and they only, are desired as physicians, if they prescribe "under any circumstances," they are considered as having violated Indiana law, and the State Board of Registration and Examination may have them arrested, fined, and upon refusing to pay, are liable and may be put in jail, and kept there until they can find time, friends and money to fee a lawyer to take their case into court, where it may be for months or years before it is decided and relief obtained. This enumeration of the evils of the Illinois and Indiana laws might be extended, but fearing that I shall make this paper too long, I will hasten to present another phase of the argument, which will not only show their illegality, but also that those laws, from a legal standpoint, are all bosh, and were uncalled for, and are really frauds upon the statute books of the States, and upon the pockets of the people

1. I will give the legal status of the doctors in each and in all the States of the Union.

2. I will present the supreme law of the land, as the foundation and the authority on which the rights, immunities and privileges of doctors now stand, and must forever stand under the flag of the United States.

The legal standing of physicians in each and in all the States is guaranteed in the Fourth Article of the Federal Constitution, and reads as follows:

SECTION 1. "Full faith and credit shall be given in each State to the Public Acts, Records and Judicial Proceedings of every other State."

SECTION 2. "The citizens of each State shall be entitled to *all privileges* and immunities of citizens in the several States."

Doctors with certificates to practice medicine from other States, as Virginia, Missouri and California—coming into Indiana or Illinois—hold their certificates or diplomas as the "Public Acts, Records and Judicial Proceedings," of sister States; and to all intents and purposes come within the meaning of the rights and privileges guaranteed by the constitution to each and every citizen in all the States.

So, it makes no difference what the Indiana and Illinois Boards have decided to do, it is both matter of fact and of reason, that can have no denial in any State or court, that a legally qualified, full-fledged physician, has a perfect, moral and legal right to go any where under the flag of the United States into any State, and there practice his profession, without let or hindrance of any State Board or power, provided he records his certificate with the county court clerk, where he opens his office and begins business.

Since, therefore, the rights, immunities and privileges of doctors are guaranteed by the letter and spirit of the Federal Constitution, no State has the shadow of authority to interfere or meddle with them, because rights, im-

munities and privileges are most sacred and dear to all the people that have tasted the sweets of freedom, and know the worth of political liberty in America. The right of doctors to practice is a part of their civil and political liberty, and must be maintained in common with the rights and privileges of all the citizens of the States.

The truth is, the rights, immunities and privileges to practice medicine, are fixed and maintained by national authority. The constitution entirely exonerates State legislatures from having anything whatever to do with legislation to regulate the practice of medicine. The Indiana and Illinois legislatures have just as much authority to enact laws to regulate the cooks, and the weekly washings of the washerwomen, as they have the practice of medicine.

Why do they not have an act regulating the clergy and the preaching of the gospel in Indiana and Illinois? The States have just as much authority to levy a tax and require a minister of the gospel to get a license to preach and to pray as they have to demand money and a license of a physician.

After a medical college has been chartered to educate, qualify and authorize men as doctors to practice medicine, the supreme law of the land recognizes them as professional citizens whose rights and privileges, in common with other citizens, must and shall be maintained; and no State legislature may violate or destroy or tax those rights and privileges with impunity.

The certificate or diploma from the State Board of Health, or from a college legally chartered and authorized to graduate doctors, is to all intents and purposes a license to practice medicine by authority of law, and the letter and wording of the national constitution plainly designates the certificates or diplomas as "Public Acts, Records and Judicial Proceedings," which each and every and all States in the Union under the constitution, must recognize and honor.

The Sixth Article of the constitution reads as follows: "This constitution and the laws of the United States which shall be made in pursuance thereof, and all treaties made, or which shall be made, under the authority of the United States, shall be the supreme law of the land; and the judges in every State shall be bound thereby, any thing in the constitution or laws of any State to the contrary notwithstanding."

It is very evident that Acts of State legislatures regulating the practice of medicine are unconstitutional and void, and as Judge Cooley says: "to be regarded as having never, at any time, been possessed of any legal force."

The laws of Indiana and Illinois, regulating the practice, were made without any respect for the supreme law of the United States, to which all the State governments, legislatures and courts of law and equity, are bound; and with regard to the law-making power of those States, they are in absolute legal rebellion to the national authority.

They have already very largely destroyed the harmony, and that pleasant interchange of professional courtesy and citizenship enjoyed by the medical fraternity in the United States, as formerly the doctors passed and repassed from one State into another, as they have a perfect legal right to do; residing when and where they pleased, and without let or hindrance practicing their profession as legally qualified physicians of a common interest with all the people of a common, liberty loving and free country.

In my next paper I shall bring the masters of the law, as Daniel Webster and Chief Justice Story, to support my interpretation of the Constitution of the United States.

Kind Words.

BY A. GEORGE BAKER, M. D.,
Philadelphia, Pa.

Enclosed please find one dollar, payment in advance for 1900. I am in full accord with your editorial sentiments, and believe that a medical journal may speak on all subjects bearing upon man's welfare in general (medicine in particular). The BRIEF is the most welcome journal received at my office.

[Written for the MEDICAL BRIEF.]

Treatment of Puerperal Eclampsia.

BY E. M. HUTCHENS, M. D.,
Boonville, N. C.

Since reading Dr. N. B. Herring's article on "Puerperal Eclampsia," in the October number of the BRIEF, I have had the experience of treating two cases of puerperal eclampsia. As both of my cases made a good recovery, I thought I would write up treatment, thinking probably it would benefit some young brother in the profession, and perhaps save some poor woman's life.

Case 1.—Primipara, aged twenty-one, on November 17th last, was taken in confinement at full term. Patient complained all day of sharp, cutting, aggravating pains. Also, complained of some headache. Had been subject to headache for several days. I gave her for her headache about eight grains of chloral hydrate and fifteen grains of bromide potassium, which relieved her some. About twelve M. her pains set up right, she got into hard labor, head of child presenting, cervix soft and dilating. About two P. M. she vomited. In less than five minutes after vomiting she went into convulsions. Cervix now about fully dilated. The family, as usual on such occasions, was very much alarmed. The girl's mother asked me if I did not want them to send for another physician. I told her to use her pleasure about that. She wanted to know what physician I preferred. I told her to send for the nearest one. I did not take much time to talk, I was busy.

First thing I did was to inject hypodermically three-quarters of a grain of morphia. Next, I opened a vein in both arms, bled between a pint and a quart. Next I out with my bottle of chloroform to control present convulsion, until she could pass fully under the influence of the morphia. Soon the convulsion passed off and the patient knew her Doctor and her sister, who were standing by her. She asked for a drink of water, which was given her. Then I injected eight drops of common tincture veratrum viride hypodermically. Soon my patient passed into a sound sleep, and was sleeping well when Dr. Burrus, of Jonesville, came to my assistance.

We decided to chloroform and deliver with forceps, which we did. Child was still-born. She had one light convulsion after she was delivered, which was very easily controlled with chloroform. Gave one-quarter of a grain of morphia hypodermically. Patient fell into sound sleep, and slept all night, waking up occasionally through the night. Next morning, I noticed some jumping and twitching when anything made a noise around her. I drew her water. I directed everything to be kept absolutely quiet about her room; put her on chloral hydrate, five grains, and bromide potassium, ten grains, every four hours, with ten drops sweet spirits of niter, and four drops of common tincture veratrum viride every four hours, alternately, for two days. Then put her on tincture of chloride of iron. Patient made a good recovery.

Case 2.—Primipara, aged nineteen. On December 15th, her time being up, went into convulsions about the middle of afternoon. I, being five miles away, did not reach her until eight that night. I was told she had had three convulsions before my arrival. As evidence that she had had convulsions, I found her jaw dislocated, her mouth thrown wide open. She could not speak, could not eat anything, for she could not close her mouth. I at once reduced the dislocation, which gave me no trouble. She then began talking, and seemed to be in very good condition. I requested them to give her a cupful of warm coffee. I then examined, and found cervix dilated to the size of a half dollar. Her pains not working right, I introduced a soft rubber catheter, to try to excite stronger pains. After introduction of the catheter, I proceeded to dilate cervix gradually with my fingers.

In about an hour her pains became stronger, which helped me in dilating cervix. In a short time she went off into another convulsion, her jaw dislocating again. I at once injected hypodermically three-quarters of a grain of morphia sulphate. Also, injected eight drops of common tincture veratrum viride in deltoid muscle of opposite arm; controlled present convulsion with chloroform. In

a short time convulsion passed off, and my patient passed into a comatose state, which soon changed into a sweet sleep. I did not bleed in this case, as my patient was pale and anemic. When my patient was fully under the influence of the morphia, I chloroformed. Gave chloroform to an assistant, as I had the cervix about three-quarters dilated. I succeeded in applying forceps to the child's head, and delivered her of a living child. Drew her water next morning, directed the room kept quiet, put her on chloral and bromide every four hours, and sweet spirits of niter and veratrum viride every four hours, alternately, for two days. Then put her on tincture chloride of iron. Patient and child are doing well.

I believe with Dr. Herring that morphia is the thing to give in puerperal eclampsia, and give it hypodermically, in large doses. I have been in the habit of giving morphine in eclampsia, but not in such heroic doses. I do not believe there is any danger in injecting hypodermically one grain of morphia into the deltoid muscle of an eclamptic woman. My two patients, in whom I injected three-quarters of a grain, did not seem to be so profoundly narcotized. Neither one slept over three hours, and when they awoke soon slumbered off again. What seemed remarkable to me was that there was not a great deal of contraction of the pupils.

Dr. Herring asked the question, "Shall we bleed?" to which he answers "emphatically, no." Right here I do not exactly agree with the Doctor. I think this a question to be decided by the physician at the bedside of his patient. If he is called to the bedside of an eclamptic woman, finds her in labor, and she is a large, plethoric woman, if he gets to her early, I think it proper to bleed. If, on the other hand, his patient is pale and anemic, and especially if he reaches her late, I do not think it proper to bleed. I do not think there is anything to be gained by bleeding if convulsions come on after delivery.

There is another question upon which I do not exactly agree with Dr. Herring. That is his non-interference with the contents of the uterus. I also think this is a question for the obstetrician to decide at the bedside of his patient. If he finds his patient in labor, cervix dilated, or partly dilated, I think the proper thing to do is to anesthetize patient while she is under a heavy dose of morphia, and deliver with forceps. If, on the other hand, the patient is not in labor, if there is no dilatation of the cervix, I think it proper to control convulsions and leave the case to Nature.

Gentlemen, morphine and veratrum are the drugs, *par excellence*, with which to control puerperal convulsions. Bleed if indicated, if not leave off. Anesthetize and deliver with forceps, if the woman is in labor; if not, control convulsions, and leave the case to Nature.

Written for the MEDICAL BRIEF.]

Headless Child.

BY M. H. GRIMMET, M. D.,
Greenvale, Tenn.

Early in September, 1898, I was called to Mrs. Mary M., in her fourth confinement, at full term.

After the routine of questions I examined and found dilatation good, but pains weak. Gave her five grains of quinine, lay down to rest, and she and I were soon asleep. In two hours the quinine did not make things any better. I then examined her abdomen, which was distended to its utmost. By palpation, the fetus would float from side to side like a ball in a bladder of water.

I called in my associate, Dr. E. C. Freas. After examination and consultation we decided to rupture the sac. Dr. F. ruptured the membrane, which was tense and tough. The water came gushing like "the Johnstown flood," wetting Doctor, bed and floor.

With a mento-anterior presentation labor was over in an hour. The child gasped twice and died. It had no scalp, skull or brain, only a face, and its face was squarely on vertebral column. If the child could have stood up, its face and eyes would have been looking directly upward; I could not see its feet at all. We thought there must have been three to five gallons of fluid escaped.

Question:—Brothers, was the unusual amount of fluid the result of deformity?

[Written for the MEDICAL BRIEF.]

Epilepsy.

BY J. W. P. SMITHWICK, M. D.,
La Grange, N. C.

This is an affection of the nervous system characterized by transient loss of consciousness without convulsive seizures, *petit mal;* the loss of consciousness with general convulsive seizures, *grand mal;* or localized convulsions, usually without loss of consciousness, known as epileptiform or Jacksonian epilepsy.

The disease begins before puberty in a large proportion of cases, but sex seems to have no influence in this respect. Heredity is considered by a great many writers and authorities as a most important predisposing cause. An important factor in the production of epilepsy, as regarded by many, is chronic alcoholism in the parents. Syphilis very often causes disease of the brain, which sets up the convulsive seizures, though this is not as important an etiological factor as some would have us believe.

The attacks may begin in various ways. There may be a localized sensation of a peripheral nature, or the aura may be of a psychical nature. In the attack the head is thrown back or to one side, and the jaws fixed. The hands are clinched, and the legs rigidly extended. The respiration is impeded, and the face assumes a livid hue. This stage lasts only a few seconds when the muscular contractions become intermittent, and the limbs are jerked and thrown about violently. The eyes roll, and the movements of the lower jaw are very strong, and the tongue may be lacerated. Frothy, blood-stained saliva escapes from the mouth, and not unfrequently the urine and feces are discharged voluntarily. This stage lasts usually not more than two minutes, and then the stage of profound unconsciousness sets in. The limbs are relaxed and the breathing oftentimes stertorous. The patient can usually be aroused after a varying length of time, or if left alone he may sleep for hours. In some cases the attacks follow each other with such great rapidity that consciousness is not regained, and in this case the patient may die of exhaustion.

In the words of Hippocrates, which hold as good to-day as when spoken: "The prognosis is unfavorable when the disease is congenital, and when it endures to manhood, and when it occurs in a young person without any previous cause." And he adds that: "The cure may be attempted in young persons, but not in old."

It is in the treatment of this disease that we meet a most serious obstacle, and it is in the treatment of the young that we secure our most brilliant results. As a rule, we can scarcely expect much but a palliation of symptoms when we undertake the treatment of a confirmed case in a person over thirty years of age.

Because of the great incurability of the disease, nearly all known drugs and other therapeutic agencies have been made use of, however, with unsatisfactory results. Bromides, given in large doses, have proved most beneficial, in the hands of most physicians, in mitigating the symptoms. Chloral, hyoscyamus and cannabis indica, have each had its advocates, and it seems certain that their administration exerts a beneficial effect.

In a series of fourteen cases which I have treated during the past three years, I have made use of a prescription containing fifteen grains each of chloral hydrate and potassium bromide, and one-eighth grain each extract cannabis indica and hyoscyamus to the fluid drachm of menstruum. This prescription is known as Bromidia, a very elegant pharmaceutical preparation, as offered to the profession. It can be relied upon as to its exact quality, as I have subjected several specimens to analysis, and always found the proportion constant. This combination has given me better results than anything I have ever tried. I have benefited a larger per cent of the patients whom I treated with Bromidia. For an adult I direct it to be taken in drachm doses at mealtimes and at bedtime. Administered in this manner it has but little, if any, deleterious effect on the digestive functions, and seems to exert a very great curative influence upon the trouble.

To fully illustrate and impress the beneficial action of, and the results obtained, by its use, I give herewith a short report of each case:

Case 1.—Male, aged thirty-four. Had been having convulsions since about the age of six. Lately they had been increasing in frequency until he averaged about one a day, in spite of the amount of bromide he was taking—about a drachm three times a day. I told him I thought his case was well nigh hopeless, but that I was willing to try. I put him on Bromidia, in teaspoonful doses, four times a day. After he had been taking the medicine four weeks, the convulsive seizures began to decrease in frequency. He continued the remedy right on, and now, about three years since I first saw him, he averages about one convulsion a month. Quite an improvement, as he was having several a day at times, and I believe he will finally be cured.

Case 2.—Young lady, sixteen years of age. Father had been addicted to the use of alcoholic beverages. She had been having convulsions ever since about a year and a half old, averaging about two or three a month; but since the menses began, two years previous, the attacks had been increasing in frequency until she had at least one a week. She had been treated by several physicians, but had derived no benefit therefrom. I prescribed Bromidia in full doses to be taken four times a day. This medicine was taken according to my instructions for three months without apparent benefit, and she became discouraged and decided to give it up. I prevailed upon her to try it another three months, and the medicine was continued, with the result that at the end of that time she was having only one convulsion a month, and this would occur about the menstrual period, but was not so severe as they had formerly been. She was elated at the results, and continued the Bromidia for ten months longer, making sixteen months in all of its administration. At the end of that time she was entirely free from convulsive seizures, not having had one in seven months. It has now been about fifteen months since the medicine was discontinued, and she states that she had no symptom of the return of the fits. She is to all appearances a healthy and fine looking girl.

Cases 4 and 5.—Both of these cases were men addicted to the use of alcohol, and gave a family history of addiction. They were between thirty-five and forty years of age. Had been having convulsions for the previous twenty-five years. I considered both cases hopeless so far as benefit from any kind of treatment was concerned, but decided to try Bromidia. I directed that it be taken in teaspoonful doses four times a day. They reported at the end of a four months' period, and stated that there was no improvement, though they had carried out the directions faithfully. I told them they could try it longer if they desired, and like drowning men, kept up its use. At the end of six months, making ten months in all, they reported that they thought the seizures were not so severe. Since that time I have not heard from them.

Case 6.—A little girl, six years of age, had been having convulsive seizures since she erupted her teeth. She averaged about two fits a month. Family history negative. I gave her Bromidia, after trying bromide of sodium fully, in fifteen-drop doses four times a day, with the result of a complete cure in three months' time.

Case 7.—A young lady, eighteen years of age. Had had epileptic seizures since just before the menstrual function began. Family history revealed a hereditary predisposition. She had been under the routine treatment for epilepsy from several prominent physicians, and was at last advised to be sent to an epileptic colony. When she consulted me I prescribed Bromidia in full doses at mealtimes and at bedtime. She took the medicine for two months, and at the end of that time a decided improvement could be noted by all concerned. She continued the treatment for six months longer, and made a complete and good recovery, and to-day is in perfect health.

Case 8.—A girl, fourteen years of age. She gave a family history of chronic alcoholism in father and grandfather on father's side. Had been troubled with fits since about the age of five years. She would have about one seizure a week, no matter what treatment she was

taking. I gave her Bromidia, with the result that she was entirely relieved in ten months, and has since remained well.

Case 9.—A boy, twelve years of age. Had been having convulsions since about two years of age. I decided to administer Bromidia, and did so with good results. The epileptic seizures were entirely relieved in eight months' treatment, and he has since been well.

Case 10.—An old confirmed drunkard of fifty years. Had been having convulsive seizures all his life, and had taken everything that had been recommended for fits, including the various and many "fit cures." I gave him Bromidia for twelve months, but it did him no good, and at the end of that time I frankly told him that I thought that there was no relief for him.

Case 11.—A child six years old. Family history showed a hereditary predisposition. She had been having convulsions since about a year and a half old. I gave her Bromidia in fifteen-drop doses four times a day, and in five months she had about recovered. It has now been eight months since the medicine was discontinued, and there are no signs of the return of the attacks.

Case 12.—A young man, twenty-one years of age. Family history good. Had been troubled since about ten years old, having received an injury at that time. Four years after the injury an operation was performed, but nothing was found to cause the trouble, and it continued. He was bright and intelligent, and I decided to try Bromidia. I directed it to be taken in drachm doses four times daily. At the present writing he has been taking the medicine a little more than a year, with the pleasing result that he has not had an attack during the past two months. I intend keeping him on the medicine for another twelve months, at the end of which time I believe he will be entirely relieved, with no probability of its return.

Case 13.—Male, age thirty-eight. Presented a family history of a hereditary predisposition and an alcoholic addiction, the latter on both sides of the family tree. Had been having convulsions about twenty years. I considered this a rather hopeless case, but gave him Bromidia, as he stated that he had taken everything recommended for fits. The administration was continued for one year's time, without benefit in any form that could be determined by a critical examination. At that time he passed from my notice, and I have not heard from him since.

Case 14.—A little boy, four years of age. Family history negative. Convulsions began at about two years of age while cutting teeth, from which he had suffered very much. This case was interesting, inasmuch as he would have several convulsive seizures a day, and then probably would be free from them for a week or more. He had been treated for worms and various other maladies, of course without success. I began the administration of Bromidia in ten-drop doses three times a day. In two months his father reported that he was very much better. The remedy was continued for four months longer, and he is now enjoying good health, not having had the east symptom of a convulsion in seven months.

I have other cases under treatment which seem to be doing well, though at this time I can not make a report on the results, as they have not been under treatment a sufficient length of time.

The above reports and results are sufficient to establish the virtue of that combination of drugs in the treatment of epilepsy, in my mind. I have treated a fair number of cases, and have made use of all known therapeutic agencies recommended, but Bromidia has given me, by far, the best results.

[Written for the MEDICAL BRIEF.]

Chilblains.

BY J. H. VADAKIN, M. D.,
Bethany Ill.

I notice on page 268, February (1900) BRIEF, a request for the kind of zinc used for chilblains. It is one teaspoonful of acetate of zinc to a bowl of hot water. I have tried it, and with success in each case.

[Written for the MEDICAL BRIEF.]

Vaccination.

BY L. D. MORSE, M. D., G. A. R.,
San Mateo, Cal.

There is a remarkable article on page 84, of the January number of the MEDICAL BRIEF, by G. W. Harman, "M. D." He says "Vaccination is the bastard of the pagan practice of inoculation." It is no such thing. Dr. Jenner had observed that milkers who got sore hands from milking cows that had cow-pox did not take small-pox. After experiments to test the matter he announced his discovery, and it was a great boon to humanity.

The sentences following in the "M. D.'s" article are too palpably absurd and false to be worth serious consideration. Take my own case for an example: I was vaccinated when about eight or ten years old. When I went to New York, in 1844, to medical college, the kind old Professor of Theory and Practice, when he had the class of three hundred and twenty-five all together, said: "Young gentlemen, go and get vaccinated, every one of you. New York is never clear of small-pox, and you do not know when you will meet with it, and you do not want to get sick with small-pox away from home."

In after-life when I practiced in a city not very far from the Mississippi River, a captain of a river steamboat had his twelve-year boy with him on one trip. He had put a family off at a landing, with several children sick. He came home with his boy. In a few days the boy came down sick with a good deal of fever. The father believed a good deal in water cure, and he gave the boy a wet pack. He began to break out pretty freely, and I was sent for. I said the boy had small-pox. There were two families in the house, the grandmother of the boy, with three daughters. I vaccinated all. One or two of the girls had a few scattering pocks, but they were not really sick. The boy's case became confluent and quite severe. At the end of the fourth day I became satisfied that he would die. I told the parents so and said if they wished any other physician called in now was the time. They wished me to get their old family physician. They had not called him at first because he had become too much addicted to drink. I found him in a saloon. He went with me about eleven o'clock at night, and examined the boy and expressed the opinion that he would get well. As neighbors were afraid to go there, we two doctors staid with them until morning, when the boy died. During the night, in talking with the old doctor, he said he had not been vaccinated in thirty-three years. I said, you do different from what I do, for I usually vaccinate myself whenever small-pox comes around. "Oh," he said, "one vaccination is just as good as a dozen." In about ten days he came down with varioloid. It stopped his whisky, and he had delirium tremens. It took four men to take care of him, but he got well. Why did not I get it? I relied upon vaccination, as I always do.

There are so many crudities and incorrect statements in Dr. H.'s article that I have no faith in the figures that he gives, and know some of them to be incorrect; but I would like to write something of more importance than considering his article.

Why has vaccination got into so much ill-repute among some people?

First, many doctors were too careless about fully understanding the matter. For instance, I went one day, long ago, into a doctor's office, when I saw two little girls, one with a vaccine scab on the arm, from which the doctor proceeded to vaccinate the other girl. After scratching the arm, he ran his lancet under scab of the other girl into the pus and rubbed it into the other girl's arm. Of course it would make a sore arm, but would not be worth a farthing as a vaccination. The real virus was all dried up in the scab

Another example as recently as twenty years ago: A physician took a contract to vaccinate a school of one hundred and fifty, or perhaps two hundred pupils. The contract was for a very low price, not more than a quarter of a proper price. I think he used scabs or crusts entirely. One day when I met him in his little druggery, he asked me if second vaccination scabs were good. I said no, they were imperfect, and should

not be trusted. He asked if I could tell the difference by looking at them. I said yes. He put two scabs down on a show-case. I pointed to one of them and said that was the second vaccine scab. He said I was right. Probably he used it if he fell short of more perfect ones.

Another fact is that many people have done their own vaccinating, and quite likely have used inferior or bad virus. Nowadays arm-to-arm vaccination is discouraged, as well as the use of scabs. We have several vaccine establishments in different parts of the country managed by men of reputation and honor. The utmost care is taken in testing the heifers for purity of blood, also in testing the virus after it is obtained, and then it is hermetically sealed. I have used virus from two such establishments within a year, and I have had no bad sore arms. I wash the part to be vaccinated with germicidal soap, then wash that off with alcohol before the virus is put in.

I venture to say that if Dr. Harman has never been vaccinated, nor had the small-pox, he would be much afraid to attend a case of small-pox, and if he did so, the chances would be ten to one that he would get the disease, and if he did and died of it, he should have the epitaph of the son of Ner: "Died Abner as a fool dieth."

[Written for the MEDICAL BRIEF.]

Tobacco Habit.

BY R. C. MEEK, M. D.,
Benhur, Texas.

The BRIEF was a welcome expected visitor this month.

I see a brother calling for a formula for the cure of tobacco habit. I send the following, in which I have great confidence:

R	Gold and Sodium Chlor.....	4 grains.
	Strychnine Nitrate.....	2 grains.
	Nitro-Glycerine	½ grain.
	Ext. Digitalis fl.....	20 minims.
	Capsicum.....	25 grains.
	Salicin	100 grains.
	Cinchonidine Sulph.....	100 grains.

M. ft. pil. 100 Sig.: One before meals.

Wishing the BRIEF success, I await the next number.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.

BY S. SCRUGGS, M. D.,
Hastings, Neb.

In the January BRIEF you ask physicians to give points in the treatment of typhoid fever. I have been in practice over thirty years, and during that time have been constantly on the look-out for "points," and have tried nearly all of the plans and remedies proposed for the cure of this very serious disease. But, without giving any opinion as to the merits or demerits of any plan of treatment used or proposed by leading lights in the profession, I shall try to outline a treatment which, for several years, has given me satisfactory results.

First, I make sure that my diagnosis is correct. Consequently, I do not abort a great number of cases every year, neither do I allow cases of catarrhal, malarial or any other kind of fever to run into typhoid, nor do I believe in a combination of "bugs" in general diseases. So, after being thoroughly convinced that a case is genuine typhoid, I prescribe, for an adult:

R	Potass. Chlor.....	60 grains.
	Listerine	1½ ounces.
	Aquæ Puræ.....	1½ ounces.

M. Sig.: A teaspoonful every four hours, beginning at six A. M.

Also:

R Proto-Nuclein ..... 1 drachm.

Ft. capsules No. 20. Sig.: One every four hours, beginning at eight A. M.

In most cases these prescriptions continued daily from six A. M. to eight P. M., until convalescence is established.

In a few cases I have found it necessary to increase the number and size of doses during the day, but insist that no medicine be given at night unless necessary to procure rest.

If the patient be restless and wakeful, I order Papine in sufficient doses to insure quiet, or, if at the time the bowels are inclined to be loose, I give Dover's powder.

Should the temperature, during the afternoon or evening, arise to 103° F., the body and limbs are to be thoroughly sponged with water at a temperature that feels agreeable to the patient, to be repeated when necessary.

I direct a fluid nutritious diet to suit the taste and desire of the patient, and water, in small quantities, as often as called for.

The clothing and bedding should be changed at least three times each week.

Stimulants are not often necessary, as convalescence often begins about the fifteenth day, and in none of my cases later than the twenty-first, but, if indicated, I use egg-nog, milk punch or wine.

Since adopting this line of treatment, I have had under my care about twenty-five cases of genuine typhoid, and in none of them has it been necessary to use a remedy for tympanitis or hemorrhage, and they all recovered. Of these cases three were young ladies, ages sixteen, seventeen and twenty-one, and from former experience with such cases, I expected, any way, slight hemorrhage, but was very agreeably surprised.

Knowing that the Editor desires correspondents to be as brief as possible, I have left a good deal to be filled in to suit a case under treatment, but hope that any physician can understand from what I have written, about how I manage a case. If any doctor who reads this thinks well enough of the plan to give it a trial, from start to finish, I should be glad to hear the result, but if he has to dose his patients for a week or so with quinine, calomel, turpentine, acetanilid, etc., before he begins a rational treatment, I do not want to hear of the funeral.

[Written for the MEDICAL BRIEF.]

Acetate of Zinc.

BY W. B. CAUBLE, M. D.,
Sidell, Ill.

I note in the Inquiry Department of February BRIEF, "Information Wanted," by a Chicago subscriber. The Editor's reply to the question is not exactly correct. What the subscriber has reference to is this: The article he read in some medical journal, where it spoke of a form of zinc being *par excellence* in the treatment of chilblains, will be found in the January (1900) number of the *Pennsylvania Med. Times and Register*, viz: "A Mild Solution of Acetate of Zinc is Said to Cure Every Case of Chilblains." Hope this will help some poor physician or his patient.

[Written for the MEDICAL BRIEF.]

Membranous Croup.

BY A. J. SHORE, M. D.,
Sailor Springs, Ill.

After a period of fourteen years' practice without meeting with a single case of membranous croup, I am seeing and treating many cases, and am under the necessity of making out a death report in every case.

I am very much impressed with the idea that malaria is a factor in producing it.

When I begun the practice of medicine here twenty-five years ago there was malaria in abundance, as evidenced by shakes, chills, intermittents, etc., and in a very limited territory I met with from three to a half dozen cases each year; but malaria gradually disappeared, till it seemed scarcely necessary to keep a stock of quinine on hand, and for fourteen years I did not meet with a single case.

However, the malaria is with us once more, and also croup of the above mentioned type. Four deaths have occurred within a very short period. Only two of these were in my practice, but all within the limits of my original practice.

I write to the BRIEF hoping to call the attention of its many contributors to the subject, and learn if the experience of others corresponds with my own in regard to malarial conditions, coupled with a cold, humid atmosphere, producing membranous croup. I also hope that those who have experience in the treatment of croup, especially if they have met with any degree of success, will give, through the BRIEF, their plan of treatment.

If any have used the black iodide of lime, a treatment first brought to the notice of the profession by Dr. Beebe, I hope they will devote a little time to writing it down and sending it to you for publication.

I will state that I might write another article, copying this one verbatim, only substituting puerperal septicemia for membranous croup.

[Written for the MEDICAL BRIEF.]

Erysipelas.

BY B. H. BRODNAX, M. D.,
Brodnax, La.

On page 64, January BRIEF (1900), Dr. Blake gives a very good treatment for erysipelas. Perhaps he will not object to a shorter one, and perhaps a pleasanter.

Several years ago (twenty odd years or more), I read in the *Virginia Med. Monthly* of a treatment by calomel, as follows: Measure out three ten-grain doses of calomel, and three twenty-grain doses of saltpeter (niter). Commence with the calomel, and alternate every half hour with the niter. It makes no difference what the stage of the trouble, how far advanced the case may be, just use the above right along. Should it stop for awhile, and then relapse and return, repeat the treatment.

Well, the first case I had was a woman of forty years of age. The irritation had spread over one side of the face and back to the ear. She was very much excited, as she had recently moved into our section, and where she had left, "several," she said, "had lost their eyes, and been badly disfigured otherwise." I measured out the medicine, and stayed till she had taken it, and when I left remarked: "It is now nine A. M., at nine P. M. the fever will be gone, and by nine A. M. to-morrow the cuticle will commence to peel off." "Excuse me, Doctor," she said, "but I do not believe a word of it." I remarked, "Wait and see." Next day her husband called by to apologize, as he said, "for her rather rude remark," and to say "my prophecy was correct."

Since then I have twice cured it in its early stages in myself and in some twenty other cases. In one case there was a return a few days afterward. A repetition of the medicine cured it, and no return. No other medication, except in some cases I used the "acid iron tonic" as a bracer.

I can not explain the modus of its work, only that I think, like several other skin troubles, such as urticaria, eczema and herpes, it is a disease originating in faulty stomach action and a proper cleaning of bowels, with a drenching out of kidneys, rights the balance.

In no case, to date, has it gone back on me, and in several cases I have not gone to see the patient, only sent the medicine with directions.

[Written for the MEDICAL BRIEF.]

Erysipelas in Aged Cured Without Iron.

BY A. GORSE, M. D.

Mr. J., aged seventy. Erysipelas commenced March 6, 1899, in right ear, extended over the face, forehead and frontal portion of the scalp to left ear, where suppuration occurred. Pulse feeble and intermittent; as near as could count, one hundred and twenty. Temperature ranging from 100° F. in morning to 103° F. at night. Appetite bad, tongue thickly coated with white fur, bowels costive, urine scanty and high-colored, heart feeble and threatening failure. This seemed a desperate case at his age, as he objected to quinine or iron, and in fact the stomach would not tolerate or digest them. Treatment, sustained heart with digitalis, three minims; strophanthus, two minims, and cleansed the bowels with pills, improved vegetable cathartic compound, followed by Norwood's tincture veratrum viride, ten drops, in half glass of water, teaspoonful every hour, and painted borders of eruption with same. I had just received a sample bottle of McArthur's Hypophosphite Compound, and gave him that with Liebig's Extract Beef. For fever gave febriline, in which the taste of the quinine is nicely concealed. To allay the irritation applied a sample tube of acneine made by Derma Chemical Company, of Omaha, Neb. This pleased him, sent for more, and kept thoroughly coated. This case lasted until April 28th, before he was able to get out. All the iron he had was that contained in elixir ferri et quinine et strychnine (Wyeth & Co.) during the convalescent period. He has worked as usual on his farm during the past summer, and his heart is fairly strong and regular again

[Written for the MEDICAL BRIEF.]

Color of New-Born Negroes.

BY W. B. YORK, M. D.,
Chestnut Bluff, Tenn.

It seems that Dr. Smith, of Maryland, disagrees with me in regard to the color of the negro at birth—he claiming that they are all black, while I have never met with any such. My experience is that while not white, they are certainly not black, until after the lapse of many days.

I would like to have the views of my Southern brethren upon this subject. If the father of the negro babe has any white blood in him at all, no matter how black he may be himself, his offspring at birth are nearly as white as the Caucasian. A child from a white mother and a black father, after a month's time, is almost as black as the full-blooded negro, whereas a child from a black mother and white father is a very light mulatto in color. For this reason nearly every negro in the South, however black he may be, has more or less white blood in his veins. The progeny of a mulatto woman and a black man is as black as darkest Africa, and no man can tell from their appearance that they have one drop of white blood in their bodies. Offspring takes the complexion from the father the world over—the mental powers from the mother.

[Written for the MEDICAL BRIEF.]

Habitual Constipation.

BY W. S. LYNCH, M. D.,
Charleston, S. C.

I read the BRIEF with pleasure, and get more good, practical knowledge than from any other journal.

I wish to offer a suggestion in the case of J. E. S., M. D., Georgia, for the relief of habitual constipation. Doctor, please try the following:

℞ Corrosive Sublimate	1½	grains.
Strychnine Sulphate	1	grain.
Aquæ, Distilled	8	drachms.
Ext Cascara Sagrada fl.	4	ounces.
Glycerine q. s., ad	8	ounces.

M. Sig.: One teaspoonful two or three times a day, according to condition of bowels.

Treatment of Acute Rheumatism.

Dr. H. B. Fahill, in the *Jour. Amer. Med. Association*, writes:

I venture to outline a routine in the treatment of acute rheumatism which I would apply to a typical case:

1. Empty the bowels thoroughly, preferably with a sharp mercurial.

2. Administer salicylate of soda to its full and analgesic effect. If it is not well borne by the stomach, its equivalent, oil of wintergreen. If it is contraindicated by cerebral conditions use antipyrin, or the coal-tar preparations best adapted. If these are contraindicated by conditions of the heart or nervous system, use opium. At all events, control the pain.

3. As the pain is controlled by such means, aided by local measures, principally heat and immobilization, gradually draw away the salicylic element and saturate the system with alkalies, continued until the active processes seem controlled.

4. Finally, while giving alkalies or after it, administer iron, provided the condition of the bowels and liver permits.

5. At all times, and incessantly, strive to promote intestinal hygiene, by mercurial, cholagogue, or saline cathartics.

Stubborn Cases of Gonorrhea and Vaginitis.

Dr. H. C. Williams, Aberdeen, N. C., is very much taken with S. H. Kennedy's Extract of Pinus Canadensis, cured some very obstinate cases of gonorrhea and vaginitis, which had baffled other standard remedies for such.

Prompt Relief in Dysmenorrhea.

Dr. Geo. T. Richardson, Cayuga, Ind., gives a case of amenorrhea in a girl of seventeen years, who had menstruated when she was fifteen years old, for a few months, when the menses ceased as the result of a cold. After using the ordinary remedies to no effect, put her on the use of Aletris Cordial in drachm doses, four times a day for four days, when the menstrual flow appeared, and in the succeeding month was followed by a second flow.

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Editorial.

Your Neighbor's Prosperity.

Envy and jealousy evidence the narrow mind. Insight and breadth of view free us from these failings. It is natural that the mind, untrained to logic, should feel bitter and rebellious at the contrast between its owner's struggling lot and the prosperity of his neighbor, and if this discontent stirs him to thought and action of the right kind he is the gainer by his sufferings, for he makes the most of Nature's lesson. But too often the sole result is a spleen which vents itself in diatribe, the agitation of evil passions, and a desire to injure the prosperous man in the guise of unfriendly legislation, arbitrary taxation, confiscation, etc.

Now, the prosperous man is a great benefit to every community. The prosperous man is the arm of progress. There is neither progress nor prosperity without brains, yet the laboring man and his dangerous friends constantly show the contempt of ignorance for this great factor in making the present situation between capital and labor.

The prosperous man has brains, with the organizing and executive ability which accompany them. But brains are not irresponsible, and are so finely adjusted to the laws of being, that their activities occasion more fatigue and suffering, more wear and tear, than muscular exertion can or does.

Besides, the man of brains, whose prosperity troubles those who see but the outside of life, is a source of profit to a whole community, an example, an object lesson to its people. His business gives employment to many, who, in turn, must buy food, lodging, clothing, etc. His success stimulates competition and attracts capital to his town. His surplus funds go to the bank, where they are loaned to farmers to move crops, or make improvements, or is otherwise invested. The wisdom of his experience filters from him in various sayings and doings, which can be studied and applied to the advantage of all who are willing.

It is well to remember that labor alone would never have enabled us to escape barbarism. Invention, experience, enterprise and character were the needed forces to engineer labor along the lines of civilization. These forces under favorable conditions—the right conjunction of circumstances—result in material prosperity. It is as impossible, for instance, to make money out of an impoverished and poorly-settled community as to gather figs from thistles. And it is just as impossible for the rich man to selfishly isolate and enjoy his prosperity. Neither can he escape the wearing responsibilities of the vast system he has planned and organized. Day and night they press upon him,

and must be discharged in orderly fashion, or confusion and chaos are upon him directly. Of all this the laborer sleeps in restful ignorance, yet fails to take into account in off-setting the superficial advantages of his prosperous neighbor.

The part of wisdom is to learn all we can and show our faith in the religion of Jesus by erring on the side of tolerance and sympathy where we fail to comprehend the workings of Divine justice.

More Health Board Foolishness.

The Oakland (Cal.) Board of Health has gone daft. Dominated by a German physician named Maher, who entertains the delusion that consumption is contagious, it proposes that no person suffering from consumption shall be allowed to attend the public schools of Oakland, in the capacity of teacher or scholar. Any employe, or pupil, under the jurisdiction of the public school department, *suspected* of having pulmonary tuberculosis, must either leave or submit to a *bacteriological examination* by the *city bacteriologist*, whose findings shall be the only evidence (!) required by the Board of Education.

Who ever heard of a case with but one side before? Wonder if Maher is the city bacteriologist? Oakland will need to make a large appropriation to pay for the examination of consumption suspects. And, oh! the quaking hearts of teachers, with the danger of autocratic condemnation and loss of position always before them. There can be no appeal to the old family doctor, nor even the city expert in consumption, to clear the suspected individual. It makes no difference if he or she shows no clinical symptoms of the disease. Nor will it have any weight if fifty able physicians declare the individual healthy. "The certificate of the city bacteriologist shall be the only evidence required by the Board of Education." Brother doctors, verily, ye are ciphers in Oakland.

This mode of procedure reminds us of the operations of the legal code in Continental Europe. When a man is suspected of crime, the process of law is set in motion to *convict*, not to try him. The *law* must be vindicated and sustained—never mind the *man*.

And when the consumptive has been arbitrarily denounced, found guilty, robbed of his peace of mind, his occupation taken from him, separated from home and friends, like the leper, what next?

If consumption were contagious there would be no State of California—no Oakland Board of Health to pass the time making fool rules. If consumption were contagious, the civilized world would long since have been depopulated. Civilization bears hard upon primitive races and the weaker members of older ones. The physically unfit, who inherit insufficient vitality to cope with the conditions and circumstances of their lives, fall a prey to consumption, and always will until hygiene, sanitation, and the growth of the vital factor have overcome the unfriendly influences of civilization.

In the meantime nothing but misery will be accomplished by persecuting the consumptive. Physicians who are worthy of the name, and who have any professional pride, will surely resent the stigma placed upon their attainments and qualifications, and put a stop to the attempts of Health Boards and their allies, to obtain power and emolument at the expense of consumptives.

Three-fourths of the medical profession, including the ablest men in it, do not believe that consumption is contagious. Let them say so. Assert yourselves. Form a healthy, intelligent public opinion on the subject, and the senseless panics started by Health Boards for political purposes will be still-born.

Serum Folly.

The acme of serum folly has been reached. The newspapers report another "great scientific discovery." Workers at the Pasteur Institute in Paris have invented a series of lymphs, each of which is designed to rejuvenate a particular organ of the body. A specific kidney serum has been discovered, and experiments are now being made to determine the exact medicinal dose.

The theory is that, inasmuch as blood serum passing through the liver, for example, stimulates that gland to healthful activity, the serum passing through other organs must exert a similar effect on them.

Nothing new or wonderful in this. We all know that healthy blood is the best stimulant to normal function. But it is the height of folly to attempt to ignore the factor of *life*—of the harmonious working of the body in all its varied attributes and powers in the preparation of the blood, and to substitute therefor artificial serums from which the intangible life-giving, life-sustaining properties have departed.

Life is not something which can be crystallized out of a solution or bottled up in a vacuum. We laugh at the superstition which made earlier investigators try to transmute base metals into gold; search far and wide for the fountain of youth, the elixir of life, but Continental Europe has inherited the same spirit, more materialistic in its manifestations, and is seeking for the unattainable in the secretions of cells.

The line of demarcation between Anglo-Saxon medicine and the delirious folly of Continental Europe grows constantly broader. Anglo-Saxon physicians view disease and medication from the standpoint of evolution. Insight, observation, experience, are factors of primary importance with them. They strive to avoid the tyranny of fixed ideas and narrow conceptions, to keep themselves teachable and ready to follow the leadings of natural science to all demonstrable conclusions.

The Continental physician, on the other hand, begins with a personal theory, hunts for facts to substantiate it, makes a case which satisfies him, and scares his brother physicians into accepting it by a combination of intellectual arrogance and sophistry. The newspapers exploit the wonderful discovery for a sensation, and it has a temporary vogue among small and conventional minds.

Serum therapy has never attained much popularity in America, and the latest "wonderful discoveries" are so obviously venal in origin and aim as to disgust even the most enthusiastic and sincere believer.

The Syringe Habit.

The hypodermic syringe is such an easy and convenient mode of administering drugs, many physicians are seduced into using it against their better judgment. A physician who has a large practice, and is always in a hurry, is strongly tempted to use his syringe on a patient who is suffering and will not let him leave her until she is relieved. If he yields to the temptation many times, he soon forms the syringe habit.

If the doctor can not make a satisfactory diagnosis when he first calls, or the patient complains loudly, out comes the syringe and the complaints are silenced, the disease smothered with morphia, for the physician must do something.

Now, there is always something to be done without the syringe. In a majority of diseases, it is always in order to clear out the alimentary canal. Enemas or cathartics may be prescribed for this purpose; hot applications will alleviate pain and make it bearable. A mild heart tonic is often indicated, and diffusible stimulants relieve many kinds of pain.

If the patient has been made familiar with the syringe habit by other physicians, and demands its use, the doctor can often make headway in her favor, and that of the family, by explaining that he withholds it entirely in her interests—that it would be a source of convenience to him, saving time and trouble. This kind of reasoning appeals to common sense, wins the respect and confidence of patient and friends. It will sometimes control the most capricious and exacting women; make them defer to your wishes, and obey your instructions.

We have no quarrel with the hypodermic syringe in its proper place. It is a great, life-saving agent, indispensable to the successful treatment of certain cases. But, like all great inventions, it is susceptible to abuse, and it is this abuse which the profession must guard against.

Doctors should study closely the field of therapeutics to which the syringe may be legitimately applied, and restrict its use to these indications. For instance, where the stomach is too irritable to retain medicines, or where it

is too torpid to absorb them, or where there is great need of haste in obtaining the medicinal effect of a drug, the hypodermic syringe is very valuable. Every physician should have one and know how to use it. Our protest is directed solely against the ***syringe habit.*** Do not be beguiled into it. Do not do evil and imagine that good will come of it. The syringe habit in a physician is on a par with the expedient of the ostrich, who, having hidden its head, is satisfied that all is well.

Boer and Briton.

That strange element in human nature which makes some people rejoice in the dangers and difficulties which beset others has been exhibiting itself lately in Paris, Berlin, St. Petersburg, etc., over the temporary set-back experienced by the English in their conflict with the Boers. Americans do not sympathize in these rejoicings, knowing well that England's cause, in the highest and broadest sense, is our cause, and that if disaster or defeat threatened us, we, in our turn, would be held up to scorn and derision.

The early triumphs of the Boers have no special significance as regards the outcome of this struggle. A stream does not rise higher than its source, and the Boers are a century or more behind the English in natural development and powers.

The Boers are unreasonable, blindly selfish and tyrannous in their exactions and policy. The American people would never submit to the kind of government the enlightened Outlander is expected to content himself with. The latter has no representation in the law-making body of the Transvaal. While the Outlanders represent three-fifths of the population, and pay nine tenths of the taxes, yet they have not a word to say as to how this money shall be spent. Poor and feeble as were the American Colonies in 1776, they would not stand such tyranny as this.

The Outlanders have no constitutional guarantee for life, liberty and property. the courts being subject to coercion by the Boer Government, and the Constitution to whimsical and capricious changes on a simple motion of the legislative body. The other demands of the Outlanders for the wiping out of monopolies, the putting of English and Dutch languages on an equality in the courts, better civil service, freedom of press and religious opinion, suitable schools and a more liberal trade policy, are all in the line of civilization, and merit the hearty endorsement of enlightened men everywhere.

The attitude of the Irish, in this difference between Boer and Briton, is characteristic. Their sense of belligerence overpowers their logic. Although the Boer policy is decidedly antagonistic to the interests of the Irish in the Transvaal, prohibiting them from voting, yet the Irish everywhere are loud in their sympathies and hopes for Boer victory.

There can be but one termination to this war. The English have right and justice on their side. Their demands are all in the interests of a higher civilization. The Boers want to use arbitrary power to dam back progress when it conflicts with their natural propensities and inclinations, regardless of the great principle fundamental to all human societies—the greatest good to the greatest number.

While the English were, to a certain extent, unprepared for war, and have suffered, seemingly from a want of knowledge as to the lay of the land, the nature and methods of the Boers, and a lack of strategic ability in their commanders, due to the fact that the army is largely officered by younger members of the nobility, instead of field veterans, yet she will rise to the occasion, learn by her mistakes, and turn her defeats into victories.

The significance of this war is great to Americans as well as English. It means Anglo-Saxon supremacy the world over, with its wondrous material civilization and great moral power. Without England, the United States would have to fight the battle of civilization single-handed against the world. Together, we are invincible. Therefore, her cause and her success are ours. Our sympathies and hopes follow her, and will rejoice with her in the final triumph of Saxon liberty and justice over the short-sighted, wrong-headed, though strong and brave opposition of the Boers.

What Are We Doing?

Every doctor knows the dangers that attend the use of chloroform. He would not dream of advising the layman to use it indiscriminately for the relief of bodily discomfort. Yet chloroform was once imbibed freely under the name of Guthrie's sweet whisky, and its anesthetic effects were first brought to our knowledge by noticing the profound insensibility of topers.

Alcohol is a slower, more insidious, but not less deadly substance than chloroform. Alcohol is less powerful in its action than chloroform, and the full measure of its effects is so gradual and remote, few stop to trace its serpentine course.

Alcohol is not a stimulant, except in the sense that all poisons act primarily as stimulants, unless taken in overwhelming doses. Alcohol is an anesthetic and tissue irritant. It depresses and paralyzes the nerve centers, leaving the organs without government; and it irritates the tissues and cells until they become callous and undergo plastic inflammations, contracting and hardening until no longer fit for function.

In this way the glands which secrete the digestive fluids are destroyed by overgrowth of connective tissue in the stomach and intestines. In the liver, the cells which engage in the glycogenic function are destroyed by a similar process, which is again repeated in the brain, kidneys, lungs, etc.

The daily use of alcohol, even in small quantities, inaugurates the fibrous changes which characterize senile degeneration. It consumes vitality in a galloping pace, at the same time lulling the brain into a state of semi-consciousness, which fails to note the ravages going on in the body. The special senses are first perverted, and then blunted. Intuition is lost and judgment rendered unreliable. In fact, alcohol dehumanizes man, destroying all that is worthiest, for which civilization has long and painfully striven, and exalts the primary ego of animal existence.

The habitual use of alcohol creates confusion and anarchy in the system. The various organs, accustomed to a rhythmical and orderly performance of their functions, are thrown into a lawless state by the repeated interferences with innervation and circulation occasioned by throwing alcohol into a stomach resting from its legitimate work.

The frequent congesting of an organ, when there is no work for it to do, will certainly lead to irritability, weakness, inflammation and degenerative changes. When alcohol is taken all the organs are unnecessarily engorged. Neurosis and tissue changes follow inevitably, with perverted, impaired, and finally, lost function.

The alcoholic process is slow and intermittent in its workings out, but however tardy its manifestations may be, it is going on all the time. Nature will bear a great deal. Her recuperative powers are something which no man can understand, but if we reckon the amount of vitality destroyed by alcohol, and then figure out how much that same vitality might have accomplished through the activities of normal life, we shall be astonished at the energy which is wasted, the talent paralyzed, by the insane indulgence of an unnatural appetite.

When the *medical profession* comes to rate alcohol in the category with chloroform, chloral, cocaine and other dangerous narcotics, a stigma will be laid upon it, it will come under the ban of social opinion, and the shadow of Cain will be lifted from our high and holy calling.

Dyspepsia.

Dyspepsia is a national disease and the bane of the profession. In this restless, hurried life of ours, comparatively few escape the ailment at some time or another.

While the primary causes of dyspepsia are in the habits and circumstances of the individual, the pathological conditions which perpetuate the disease are liver torpor, lack of hydrochloric acid in the gastric juice, and sometimes the insufficient action of the kidneys.

A person who eats heartily of concentrated foods and takes but little exercise, throws a tremendous burden of work on the liver. As long as this organ can reduce and modify the surplus

nutriment, the individual does not suffer materially, but overwork of the liver soon leads to torpor. Then the blood is saturated with half-digested food products which act as poisons.

The liver being exhausted, the kidneys try to take up the burden with a progressively failing result. This explains why Bright's disease of the kidneys is both a cause and sequence of dyspepsia. The efforts of the kidneys to do more than their share, to perform a work of vicarious elimination, causes congestion, weakness and breakdown of the organs.

Hydrochloric acid is a normal and most important constituent of gastric juice, but when the blood is not up to the physiological standard, or the glands of the stomach are inactive, owing to some wrong of innervation, the gastric secretion may be deficient, or even entirely wanting, in hydrochloric acid. In this case, we have all the conditions present to ensure the fermentation and putrefaction of ingested food.

It is not always easy, or possible, to determine which one or more of these conditions is responsible for the refractory nature of dyspepsia. Discussing the problem with a brother physician the other day, he declared that he had solved it, and gave us the following formula, which has been the basis of his treatment for dyspepsia for several years:

℞ Chionia.....8 ounces.
Seng.....2 ounces.
Sanmetto.....2 ounces.
Acid, Hydrochlor. Dil.....1 ounce.
M. Sig.: Teaspoonful in water after meals.

He says this combination will cure where all else fails, and he is a physician well-known for his skill in practice.

The above formula is of the polypharmic variety, but when we come to analyze it and review the therapeutic indications of its various ingredients, it does seem to hit the nail on the head. Chionia is the stand-by in liver torpor, Seng improves and regulates the secretions of the digestive organs, Sanmetto restores the normal action of the kidneys, while the hydrochloric acid supplies the lacking element in the gastric juice. Reason endorses this formula. Try it, Doctor, and relieve your patients of dyspepsia—that prolific source of disease and discontent.

Understand Your Patients.

It is becoming increasingly clear that a physician can not practice successfully unless he knows something of his patient's mental processes. The persistent indulgence of an unhealthful state of mind will undo the good effects of medication, perplexing the doctor and discouraging the patient. Few patients understand that the work of getting well is to be done by themselves. That the doctor can only point out the way and place the system in a favorable condition to recuperate. The average person discharges the responsibility for a cure on the doctor and expects a sort of vicarious recovery.

It is about time this view of the patient was dissipated, that he may cooperate intelligently and efficiently with the doctor's efforts. To secure the patient's aid the doctor must familiarize himself with the mental operations, habits, occupations, etc., of his patients.

Set the patient's mind right, then the indicated drugs and hygiene will soon remove the obstacle to recovery. Many patients hover always on the brink of invalidism because they are morally feeble. Moral weakness always begets self-indulgence, and constant self-indulgence lowers the powers of resistance and depresses vitality.

Religious sentiment lies near the surface in such natures, which, evoked and managed by skillful hands, can be made a means of cure. If you make them see that health, or harmony, or happiness and religion are all one, aspiration for a better life can be awakened, devotion and singleness of purpose aroused in the determination to be healed and whole. Ordinary ambition can not be aroused in weak people, but the religious sentiment can be successfully appealed to. Some intuitive sense of this truth is responsible for the success of Christian Science, magnetism and similar cults of the times. They appeal directly to that great army of neurotics who can not be moved or permanently benefited except through the intelligent direction of the emotions.

To be anchored in the firm, judicious management of an understanding and sympathetic mind is a haven of relief to

such storm-tossed humanity. Incapable of making up their minds, or knowing what they want, flying constantly in one direction or another for help, constant to nothing, beset by obscure pains and mental torment there is no health in them. To have their entire emotional capacity aroused and fixed in a single direction by a greater controlling intelligence seems like fanaticism to us, but doubtless it is very restful to them.

People differ and require a variety of actuating motives and objects. This the successful doctor of the future must realize, and utilize the knowledge to the mutual benefit of himself and patient. After his physical examination he will make himself acquainted with the patient's mind in order to know how to deal with him.

The physician needs imagination, and the practical study of mind will cultivate and develop this faculty which enables him to draw near his patients.

Special Experience.

Every doctor of much practice, has had special experience with the action of certain medicines in the treatment of disease.

Knowledge of the physiological action of a remedy, pondering over its medicinal properties and therapeutic indications, with observation of the results produced, have inspired the physician to test its virtues in conditions a little out of the beaten track.

Special experience acquired in this way would prove invaluable to other physicians, but, unfortunately, the original discoverer, thinking that others know it also, neglects to put it on record, and the profession is just that much poorer.

The minds of country doctors are stored with therapeutic facts learned in this way, which they are too modest to gauge at their real value, and which, if they would take the trouble to write out and forward for publication, would enrich the archives of therapeutics, aid in making medicine a more practical and exact science, and help their brother practitioners out of the ruts.

It is the duty of the practitioner, who has long done his own thinking, and wrestled with hard conditions and limited resources, to reveal the special knowledge which has come to him in his struggles. The doctor who has had many cures to make, and but few remedies to do it with, knows a great deal about these remedies, of which more favored men are in ignorance.

No matter how common-place an item may seem to you, who are accustomed to use it every day in the year, there are some who never heard it before; others who have forgotten it, and still more who know it in the dim and helpless way in which we know things not yet tested by experience. Each of these classes in your audience will be benefited by reading your account, although you consider it not worth the telling.

If you have had no such special experience, begin now a course of experimental study. Get a good preparation of some particular drug, look up all the information you can find about it, in the various schools of medicine, and then sift out the actual knowledge by experience. When you have got the facts about one remedy, you are richer than if you knew vaguely a dozen said to be good in as many diseases.

Write up these facts and send them to your journal, and you will be repaid, for your efforts to contribute a mite to the general fund will prove suggestive, and draw out the corresponding experiences of others, and we shall all learn things which we can use to advantage.

Respect Your Instincts.

One great cause of sickness is neglect to follow the urgings of instinct. The inclination to go to stool, or urinate, for instance, is resisted and put off until a more convenient opportunity. Enlarged prostate and constipation can be produced in this way. Or a natural desire for food, water, sleep, exercise, may be ignored through indolence or desire to complete a piece of work, or for other similar reasons.

The individual, of course, does not realize the harm he is doing himself. Habit becomes law to the body to a very great extent, and bad habits pervert the action of beneficent physical laws. It is impossible to keep the organs

trued up to normal standards of function if we persistently ignore their promptings and turn our backs on their necessities.

The man or woman who would have healthy, regular, painless organs, must earn their gratitude by recognizing their just claims and conceding them fair treatment. Delicate appetites, desires and instincts can be made more robust and hardier by intelligent cultivation.

It is a mistake to defy a bodily need. Mental work, performed while the muscles are teasing and twitching in a vain longing for use, is not a man's best, because mental concentration is imperfect while a part of the body is in rebellion. It would pay that man in the quality of his work, and the facility with which he does it, to go out and take a short walk to relieve muscular irritability and insistence.

The same thing is true of other bodily necessities. Refused satisfaction, they continue to intrude upon consciousness with more or less acuteness, disturbing the power of concentration and causing friction. And, although habitual neglect finally dulls consciousness, there is always a dim sense of wrong.

At length instinct and normal function become so perverted by neglect and caprice, they no longer suffice to keep the body in health, and the brain must stop other work to devise artificial means and expedients to take the place of natural law in the body. Then we have a state of semi-invalidism, and the work of regeneration and return to health is so tedious and painful, comparatively few regain the straight and narrow path of compliance with Nature's rulings.

If doctors, generally, will impress upon patients the importance of respecting the body and obeying its laws, pointing out the inevitable penalties which follow disobedience, chronic diseases will be less common.

Special Laws.

Some people are always crying out for special laws. They want a law for everything, forgetting that every new law complicates matters and benefits no one. Experience has demonstrated over and over the elasticity and progressive tendencies of natural law, together with the ingenuity and fertility of the mind in discovering, adapting and adjusting human needs to its provisions. Yet the foolhardy attempt to build up arbitrary, legislative barriers around natural forces goes on.

The druggists are all the time trying to get laws passed to prevent anybody from selling medicines except themselves. They calculate by this means to prohibit department stores from selling patent medicines and toilet medicines. Such legislation is short-sighted. Special laws invariably react to the injury of those instrumental in passing them.

The department stores would meet such a law as the above by enlarging their medical department, employing a registered pharmacist and advertise to fill prescriptions at cut rates.

Attempts to benefit our own condition by coercing the other fellow will not do. It simply arouses the combative instinct, stimulates the competitor to think out new ways and means of evading an unfair ruling. Progress is a natural law, elastic and beneficent in its provisions. The man who would succeed must bring himself into accord with it. Special laws, coercion, intimidation, prohibition, are outgrown. They belong to a lower ethical plane.

More honesty, better goods, higher standards of service, greater good will, ability to feel and see what people want and supply it, these are the essentials of successful competition to-day. Be and do better all the time; make your life and works a continuous evolution, and no special protective laws will be needed.

But evolution is distinctively the Anglo-Saxon standpoint. It is the unassimilated Italians, Russians and Germans in America, born and bred under the paralyzing influences of paternalistic government, who are always petitioning for special laws. The great majority of druggists are Germans, and do not understand that such laws, in the working out, are bound to hurt more than help them. The common law affords men all the protection that is good for them. It is time that a healthy

public sentiment was established on this law-making question. The country is over-run with foreigners, mentally and morally enfeebled by generations of racial dependence on governmental and other authorities to do their thinking, guide and direct their actions for them, and we are in imminent danger of seeing the machinery of our free government fall into hands all the more tyrannous and oppressive because ignorant, incapable and inexperienced in the ways and means of Anglo-Saxon civilization.

Doctors can do a great educational work along these lines if they will. A reputation for patriotism and sound thinking will not hurt any physician. We wish every doctor in this country, who has not already done so, would read Blackstone's Commentaries on English Law.

The Standard Dollar.

Mr. Bryan and his party posed as the friends of the masses on the strength of their efforts to artificially cheapen the dollar by legislation. To do this, they proposed to give us a fluctuating money standard, and expose us to the evils and dangers of broadcast speculation.

Natural laws and causes have cheapened the dollar for the masses without disturbing the standard of value. The workingman's dollar is growing steadily larger in buying capacity through competition and increased production of commodities; while the capitalist's dollar, by reason of increased production of gold, and the universal financial confidence which makes money easy, is as steadily growing smaller. This is conclusively proven by the steady decline in rates of interest.

To-day the laboring man's dollar will buy two and three times as much as it would in 1875; on the other hand, money which was worth seven and ten per cent at that period, now only earns from two to four per cent. Yet, in each case, the standard dollar measured, and still contains, one hundred cents' value.

That the rich are growing richer and the poor poorer, is a fallacy in so far as the standard dollar and our industrial development, with its labor-saving machinery, are concerned. There are more temptations to spend his dollar for luxuries now than in the sacred year of '73, but that is the laborer's own concern. Fluctuations and differences in individual character are not taken into account in the rulings of political economy or finance.

The facts remain, that the worker's dollar—the standard dollar—will buy twice as much as it did a quarter of a century ago, and that he has ten chances to earn it now where he had one then; while the same dollar in the capitalist's hands has shrunk to fifty cents in its earning capacity.

This change has come about, not through violent political reforms or vindictive legislation, but through the natural operation of supply and demand. There is an increased demand for production incident to a progressive civilization, and a consequent increased demand for labor. At the same time, lively competition has forced down prices, and profits are increasingly dependent upon the magnitude of a business. All this operates to the advantage of labor, while the abundance of money, and universal financial confidence has so reduced interest on gilt-edged investments, that capitalists are more and more induced to seek more hazardous investments in the shape of untried enterprises, to find employment for surplus funds. This, in its turn, creates a new demand for labor.

The natural workings of supply and demand, if left to themselves, tend to equalize the distribution of wealth, as fast as the development of human character will bear it. Wealth has its cares and responsibilities, which comparatively few are fitted to discharge to the best interests of all concerned. The judicious investment and management of a large fortune is an exacting and heavy burden. The people who prate most about equal distribution are precisely those who tend to dissipate every cent they can lay their hands on. Attempts to coerce the workings of natural laws by legislative force can only cause wounds, which Nature must repair by her slow processes, and so hinder rather than help progress.

Bright's Disease.

Bright's disease has a fascination for *most physicians because it is so insidious in its development, has so many and such varied symptoms, and is so certain and deadly in its outcome unless intelligently handled.*

The chief general characteristic of oncoming Bright's disease, is systemic *torpor.* All the functions are slow and labored in their performance. The body is charged with carbonic acid gas, as the result of deficient elimination and imperfect combustion of the food eaten; consequently, sensation is dull, reflex activity depressed, function retarded, and the temperature is often a trifle below normal. Cold hands and feet are the rule.

The skin and lungs, because of their close relation to the kidneys, early show signs of disease. The skin is abnormally sensitive to cold and atmospheric conditions. Frequent and sudden changes keep in a state of spasm which prevents normal activity. This irritability of skin favors congestion of mucous surfaces. Chronic bronchitis and catarrh of the digestive organs, etc., are the natural results.

Disturbances of cerebral circulation are responsible for many troublesome mental symptoms and disorders of the special senses. Headaches, ringing in the ears, deafness, visual troubles, insomnia and chronic nasal catarrh, epistaxis, with delusions, hallucinations, often accompany Bright's disease. The high blood pressure and powerful contractions of the heart send the blood pouring tumultuously into the brain, confusing and sometimes overpowering its activity, causing spells similar to apoplexy, and even sudden death.

In such a vicious circle of disease, it is hard to know just where to begin treatment. Nearly all cases give a history of obstinate, habitual constipation, and even if they do not, even if there is an apparent diarrhea, base your treatment on a presumption of constipation. Begin a course of gradual, persistent [illegible] evacuating the system [illegible] normal doses of [illegible] and copious [illegible] Sponges, as in Dropsy or Uremia, thartics with abdominal massage, turpentine stupes, etc., are all in order, according to indications. The object is to produce a complete, thorough upheaval of the system by way of the peristaltic action of the digestive tract, without shocking the patient out of the world.

Having aroused a healthy amount of irritability in the patient's interior, put him on teaspoonful doses of Iodia three or four times daily, adding one or two drops of Norwood's tincture veratrum viride. This prescription will control circulation and general glandular activity admirably. Under its use, the kidneys will take care of themselves, healing kindly unless far advanced in degenerative changes.

Bromidia is the ideal hypnotic in Bright's disease, has a favorable influence over all the head symptoms, and rests the laboring heart. Give a small teaspoonful in a glass of Vichy at bed-time.

The hygiene of these patients is important. A daily warm bath, preceded by fifteen minutes' vigorous use of the flesh brush, and all wool undergarments the year around, are measures essential to keep the skin in fair condition. Constipation must be avoided and the digestive organs never overtaxed. Moderate, systematic outdoor exercise is necessary. These patients should cultivate an optimistic habit. A certain amount of social diversion is good for them. And the physician should not fail to impress upon them the importance of having the urine examined periodically, and the danger of allowing any symptoms of disease, no matter where located, to go untreated.

Tattered Nerves.

Comparatively few people know how to husband and measure out energy of mind and body. The economics of vitality are even more important than domestic or political economy, yet intelligent men and women, who should know better, do not hesitate to pour out, or fritter away, in unproductive channels, or on worthless objects, the [illegible] energy which, wisely regulated and expended, would keep them healthy and happy.

People will work themselves up into a high state of excitement over trivial occurrences; harrow up their souls over a morbid play; agonize and shed tears over the sorrows of fictitious people; worry over troubles which may never happen; go out and hunt up an extra cross or two, at a senseless cost of vitality and productive energy.

Tattered nerves is the fashionable disease nowadays. To this one primary condition are due all that train of symptoms arising from imperfect and erratic functionation. Nervous dyspepsia, insomnia, jaundice, constipation, melancholia, kidney irregularities, neuralgia, want of ambition, moral feebleness, semi-impotence, etc., all are the result of a nervous symptom worn to tatters, chiefly by emotional and dietetic excesses. It is the exception, rather than the rule, that genuine work, steady application *alone*, exhausts the nervous system. A certain amount of regular work is calming and steadying in its influences.

Many people have the mistaken idea that they can not do good work unless they screw themselves up to it by a certain amount of excitement. This is a misapprehension. It is no more necessary to get excited in order to work than it is to get drunk. The unconscious object, in either case, is to produce a certain amount of intoxication which will enable the worker to forget he is working. But he is making a double draught upon his powers which will tell on him sooner or later. Moreover, the excitement confuses judgment.

The symptoms dependent upon tattered nerves will not be permanently cured until the hygiene of the nervous system is attended to, its output of energy disciplined and regulated. A patient, accustomed to sprees of excitement, will have developed unstable nerve centers, liable to irritation or explosion at any time. His sensations are abnormal, and not to be depended on. He has a continual consciousness of general physical and mental harassment and disorder, which makes him unhappy and restless. There is no truth in him. The normal standards of both mind and body are debauched, fluctuate and are capricious.

Such patients need judicious management, and not much medicine. Their lives must be regulated, going carefully into details, and fixed ideas, healthy conceptions, put in the mind by hypnotism or suggestion. Teaspoonful doses of Celerina, which is a mild, diffusible stimulant, non-cumulative in its effects, with an occasional laxative, will be all the medicine required.

Absolute regularity of habits is the *sine qua non*. Short intervals of isolation during the day, the patient assuming a comfortable, resting position, divested of tight clothing, should be insisted on, with a regular bedtime, daily outing, and a certain regular amount of mental occupation. The will can, and must be, gradually trained, through suggestion and practice, to hold the mounting tide of excitement in subjection—to guide, govern, measure and utilize individual energy.

The appetite of neurotic persons is no guide to the necessities of the body for nourishment. Like everything else about them, it is fugitive, capricious and uncertain. The doctor will have to experiment a little to determine what foods, and in what amounts, shall be given. Plenty of water is essential.

Secure the confidence and co-operation of patients, and emphasize over and over, the necessity for avoiding emotional dissipation, if they would recuperate and accumulate reserves of vitality.

Professional Cowardice.

It is the part of a true friend to point out our faults, not in a spirit of animosity, but with honest intent to help us. The wise man will subdue any natural resentment he may feel and turn such kindly criticism to useful account.

There is a great deal of cowardice, shuffling and evasion in the profession. Many physicians will not tell patients the truth about themselves and how to proceed about a cure, because they take it for granted—and with some show of justification, we admit—that patients will resent home truths, and will refuse to carry out measures which involve trouble and effort. So the doctor—and it is usually the city doctor—tells the

patient what he thinks that patient wants to hear, prescribes some medicine casually, and advises him to look in now and then. Seldom a word is said about the patient's habit of gorging himself at meals, of turning night into day, of going days without a movement of the bowels, of worrying and straining over business and domestic anxieties, of the neglect of aspirations and ideals to live wholly in a world of sense. Often the physician does not even inspect the body carefully for drug indications, but prescribes a tonic at random.

When the patient can no longer be cajoled into contentment with his lack of improvement and becomes a bore to the doctor, he is sent to a brother physician to go through a slightly different routine until the novelty of the change wears off, and so on *ad infinitum*.

Sometimes he is packed off to a health resort.

Now, these methods are dishonest, though often practiced by really able men who do not realize the fact. It is in the cities that such practices are commonest, and it is in the cities that medical skepticism flourishes, with the inevitable consequence of a running after fads.

But skepticism is not the fault of medicine so much as the cowardly, shuffling and evasive methods of practitioners. Go out to the country where physicians appreciate and live up to the responsibilities of their calling, and youwill find little skepticism or pessimism.

"But wealthy people will not bear being told the truth like plain country people. I should lose my patrons."

Not at all. Truth, kindly but firmly told, makes an impression on the most flippant and careless. If a patient neglects to follow your advice after you have pointed out its wisdom and necessity, he will not blame you for the failure. He will appreciate your efforts in his behalf enough to make him respect and value your opinion.

He may leave you for another doctor in the hope of finding a shorter and easier road to health, but his experience with less conscientious physicians will advance your stock in his market; he will speak of you as a reliable man, and often he will return to you "after many days."

We are not to govern ourselves by what our patients want to hear. It is our business to tell them, pleasantly but plainly, the exact state of affairs, as it looks to us, and leave them to act upon our advice as they see fit. We are responsible only for our own acts. And often we underrate the patient's willingness to do tedious and difficult things in order to get well. Inspired by the conscientious ardor and strong will of the doctor, feeble patients will often accomplish wonders. Even seed which lies fallow for a time in callous minds may quicken under other subsequent influences and bear fruit, to witness the correctness of the doctor's advice.

Then let us do our duty to our patients fearlessly and scrupulously. Such methods will pay best in the long run, even from a financial standpoint. Professional ability and manly worth constitute a magnet which tends constantly to draw unto itself the sick and suffering everywhere.

Never Say Die.

The old superstition of fatalism still hangs around the profession to a greater or less extent. It is true enough that all things rest in the Providence of God, finally; that He governs, through His laws, in our affairs, but it is plain that He designed men as instruments to work out their salvation from earthly ills, not as passive witnesses of the operations of natural forces. We are to *struggle* against sickness, poverty and their attendant ills to the best of our ability, and with such means as we find at hand, leaving the final adjustment of consequences to omniscience.

These reflections are inspired by reading an article in which several physicians, doubtless able men in their way, stood about a man's bedside and conjectured as to the probable nature of a disease until the patient died. They agreed that, as the man would likely die in a few hours, it was not worth while to give any treatment. Left to his fate, the man did die, after a violent struggle with convulsions, which were choked off, to some extent, by hypo-

dermics of morphia. The autopsy disclosed nothing but a congestion of the lining membrane of brain.

Now, it was doubtless this old superstition which held these doctors' hands when confronted with a problem they could not at once unravel. *There is always something to do.* If we can not fully understand a disease, we can begin, as science has always had to begin, at the surface, one step at a time. Once men are brought to see all things from the standpoint of evolution, faith, work, progress are the natural order.

When the first physician was called was the time to get to work. There are always evidences of diseased action calling for attention, regardless of its baptismal name. A healthy skin is warm, pink and slightly moist. This patient was *pale* and the surface *cold*. *Muscular irritability* was noticeable, and the patient was in a state of semi-consciousness. Now these indications, irrespective of the name of the disease, mean *brain congestion* and mental prostration. To warm and relax that body by means of a hot pack, hot bottles to the feet, a warm enema, followed by strychnia, would soon have relieved the tension and pressure on the brain, which would then have regained enough energy to aid in throwing off the disease.

These were simple things, which any physician could have attended to, and were strongly called for by the mere evidence of the senses and our knowledge of normal conditions. Restore any part of the body to a normal state and it will influence all the other parts favorably through sympathy. But while the doctors were standing about wondering and guessing at the nature of the trouble, the abnormal conditions steadily advanced—for nothing stands still. The blood, which had left the surface of the body, accumulated in the interior, and the consequent irritation of nerve centers reached a point where it was vented in convulsive seizures until exhaustion carried off the patient.

Doctor, never say die. As long as breath lingers in your patients, try to restore normal conditions, even though you work in the dark. Begin at once somewhere. Do not insist upon understanding the exact nature of affairs before you do anything to help your patient. If he is cold, warm him; if the bowels are locked up, give a copious enema with hot applications to abdomen. If there is a tendency to mental apathy or lethargy, give stimulants always. Never put ice on the head of such a patient, nor bleed him, nor give him opiates to smother the life in him. Moist warmth, relaxing agencies, diffusible stimulants are in place here.

Ice to the head should be reserved for sanguinous subjects, whose glassy eyes, swollen, crimson cheeks, pronounced mental excitement, general agitation and restlessness, call for depressing measures. Do not use it on bilious or neurotic subjects; or in what may be called the *passive* constitution. There is plenty of "fight" in the man who can stand ice.

But whatever the indications may be, do something to change the abnormal into the normal, no matter how simple the means employed, and even though it be a step in the dark, leading apparently nowhere.

Never say die.

Postural Diseases.

A few words about postural diseases will not come amiss at this time. The development of disease prevention as a science makes a part of the physician's work educational. The influence of habit and occupation in causing hitherto obscure, slow and chronic diseased conditions is gradually obtaining general recognition—which brings us to the subject of faulty positions and their bearing on the health of the body.

Comparatively few people know how to sit, stand or lie correctly. In standing, the great majority permit all the muscles of the back to relax, wrenching the bones of the vertebral column, putting too much strain on some of the ligaments which bind the bones together, none at all on others, which are consequently enfeebled. The shoulders curve and the head droops forward. The natural curves of the spine are lost. In time this faulty position, with the wrenching and displacement which it causes, may result in pressure upon the roots of spinal nerves, attended by ab-

normalities of the various functions, neuroses, and even organic disease of the spine, to say nothing of the atrophy of back muscles, disturbance of circulation, chronic sense of discomfort engendered.

In lying down to sleep, or rest, how few straighten themselves out deliberately, relaxing every tired muscle, as a flower unfolds its petals, taking off the mental tension of thought, anxiety or care, and composing themselves to placid, restful sleep. Too many try to sleep with knees drawn up, or body curled around dog-fashion, the muscles tense, hands clenched, the brain rehearsing with feverish incoherency the happenings of the day. Mind and body can be schooled to tranquility, and sleep made more refreshing, if the physician will take the trouble to give his patients a little instruction on the subject.

But a false position in sitting is productive of even more harm. In this day of universal constipation, with degeneration and impotence of colon and rectum, physicians are seeking everywhere for the causes of this unhappy condition. We believe that the habit of sitting on the small of the back, with legs crossed, is a factor in its production. Normally, the individual should sit flat on the tuberosities of the ischia, both feet on the floor and the spine held erect. But the great majority of people, especially sedentary and professional folk, throw themselves forward in a chair, lean back and cross the legs. This puts a constant, numbing pressure on the fleshy structures of the buttocks, which protect the sacral plexus of nerves, and in time, causes a paralysis or irritation of same.

No doubt sciatica, premature sexual decay, pain and weakness of the lower limbs could be ranked, in part at least, as the effects of postural disease.

Faulty positions in sitting and standing also interfere with breathing and digestion, crowding the organs, impeding their circulation and interfering with their rhythmical motions.

We hope this short article will set doctors thinking, and that they will warn their patients of the bad results which follow shirking, negligent physical habits.

Indigenous Drugs.

Following the revolutionary war and the war between the States, medicine made great progress in the very important branch of therapeutics. At these periods, circumstances directed the attention of the profession to the study of indigenous drugs, resulting in a wealth of practical knowledge, which gave impetus to the progress of general medicine and invested medication with a scientific character.

Country doctors first made acquaintance with the virtues of indigenous plants, and their extraordinary success with these simple, home-made remedies created such an enthusiasm and general demand as to attract the attention of wide-awake chemists to the needs of the profession.

The study of indigenous drugs, from the double standpoint of chemistry and therapeutics, the discovery of active principles and their effect upon the system, bade fair, at one time, to make medicine a practical and exact science. The chemist has done his part. The elegant, palatable, easily assimilated preparations, of uniform strength, furnished the profession by manufacturing chemists, constitute the chief elements of precision and reliability in practice.

But these legitimate advances in therapeutics have been checked by the present tendency to run after such fads as synthetic drugs, serums, etc. Synthetic remedies do not, and can not, take the place of natural products. Art is not nature, however good the imitation. Synthetic drugs lack that mysterious, intangible something we call life, and which constitutes the real potency of a remedy. Salicylic acid affords a good illustration. If you give the natural acid, made from wintergreen, in rheumatism and allied states, the disease yields readily to the remedy, without systemic friction, whereas the synthetic acid deranges digestion and causes general disturbance.

It is time we returned to the study of practical botany in relation to the practice of medicine. Surrounded by Nature's storehouses of plant remedies, we ignore and neglect the resources at hand to run after false gods.

Go on Record.

Unbiased investigations into the true therapeutic inwardness of antitoxin have demonstrated, beyond a doubt, that it is the *carbolic acid* which gives it virtue in the treatment of diphtheria. This is not a mere matter of assertion. Any physician who will lay aside prejudice and test the matter intelligently for himself, must come to the same conclusion. Indeed, the knowledge that antitoxin owes its medicinal properties to *carbolic acid*, has given that drug decided eminence in the treatment of diseases characterized by similar pathological conditions.

Truth is always plain, simple, unassuming. But many people prefer things occult, mystical, complex, difficult to understand. Such people unconsciously resent the plain, bald, easily demonstrated statement that carbolic acid is the sole therapeutic principle in antitoxin. "What! Carbolic acid! That old drug! Nothing could make me believe it!" "Some people are always running down new discoveries and obstructing progress. Want to make a pretense of superior penetration, judgment, etc."

When a man argues in this arbitrary fashion, he cares nothing for the truth. Passionate belief is more to him than the actual facts. Truth is a reality, however, and will transpire. Despite the stubbornness and passion, the determination to seem right regardless of facts, the popularity of antitoxin has waned steadily. An actual canvass of any community of physicians will show that very few make a routine practice of using antitoxin. A great many have tried it a few times, and then left it off as not dependable. Very seldom can a man be found who is willing to trust antitoxin alone. In the medical journals at home and abroad, a favorable report on antitoxin is the exception. When we do find one, antitoxin is always an incident of the treatment, never its main feature.

Antitoxin as a serum for the treatment of diphtheria is a sham and a fraud—a means of getting money under false pretenses. It is the entering wedge of a false departure in medical science. To support antitoxin means to foster a lymph system of therapy, which wastes time and energy which ought to be directed into more legitimate and productive channels. It will, also, throw a stigma of quackery over the entire profession.

For these, and similar reasons, we have made a strenuous fight on antitoxin, at a pecuniary loss to ourselves in the matter of advertising. We have tried to rouse the profession to a sense of the gravity of the situation, and not without success. We are constantly in receipt of letters endorsing the soundness of our position, but that is not enough. What we want now is clinical reports on the use of carbolic acid solutions, one-eighth of one per cent, in cases of diphtheria exhibiting the indications for this drug.

Reverence for Life.

Reverence for life is a purely Anglo-Saxon sentiment. Nowhere else in the world is life so sacred as in Anglo-Saxondom, where individual rights and liberty—the things that make life worth having—are universally respected and protected.

In the nations of Continental Europe life is held cheap—even by physicians. Scientific murders are common in the free hospitals of Continental Europe, where the cold-blooded curiosity of so-called physicians is not held in check by any hope of personal profit, as it is in private practice. The speculation in life which permits physicians in authority in these institutions to inject morbid matter, called germ cultures, into the veins of women and children, can not be dignified and shielded by the name of medicine. The object of medicine is to prevent and cure disease, to conserve life and make it more tolerable. The life and works of the true physician are a benediction, not a horror.

The basic difference between the wise and beneficent measures of the Anglo-Saxon physician and the filthy, unnatural and dangerous practices of the Continental doctor lies in the reverence for life and its wondrous possibilities, faith in human destiny, belief in immor-

tality, self-earned, and trust in God, which characterize all the sayings and doings of the former.

Of this reverence for life is born the sense of professional responsibility. The Anglo-Saxon doctor can not rest until he has benefited his patient. The abstraction which we call medical science is nothing to him compared with relieving his patient. He wants to see the drawn look of pain fade away, the sunken, lusterless eye brighten, the apathetic manner cheer up, he longs to hear the cry for food and the restless stirring to get up and out. His heart fairly yearns over his patients like a mother, and they come to feel for him all the attachment of dependent children.

The Anglo-Saxon doctor wants no knowledge obtained by the wanton sacrifice of human life, or wrung from the agonies of sentient beings. He could not experiment upon helpless humanity —a trust in his hands. The Anglo-Saxon doctor is a man of feeling and sense. It would inspire him with horror, not scientific curiosity, to inject toxins into helpless women and children, stand by and watch the temperature mount, thirst and restlessness develop, until finally the entire system is in the throes of a violent, *unnecessary* struggle for life.

Something must be done to check the monstrous tendencies of medicine in Continental Europe. Anglo-Saxon doctors can do this, if they will, by forcing physicians of other nations to respect, if they can not revere life, to study the workings of natural law in the animal kingdom, and learn to use intelligently the drugs which Nature has placed in our way as natural and beneficent healing agencies.

Surgical Hints.

Never use morphine before anesthesia in patients who are in a state of stupor or traumatic shock. In these the drug has a distinct tendency to increase these conditions.

Never have any more assistants at an operation than is absolutely necessary. They are apt to get into each other's way, and the more people help you the greater the difficulty of securing asepsis. Excepting in emergency cases, every patient about to be operated on is entitled to as careful an examination as if he were applying for life insurance, and to treatment before the operation for any complicating condition.

There are certain patients in whom it is very desirable that they shall make no violent movements while they are being anesthetized, as for instance, in certain fractures. In these cases a full dose of morphia an hour before the anesthesia will contribute a great deal to secure a quiet etherization.

When using cocaine hypodermically, it is seldom necessary to use a solution stronger than one per cent, and then always have the patient in a recumbent position. The danger of cocaine lies in the possibility of syncope from failure of the heart's action, and lying down is the best preventive.

While operating, never put too many instruments in one tray, as it becomes more difficult to find just what you want. It is best to have several small trays, and to put the cutting instruments in one, the artery forceps in another, and the special instruments required in the particular operation you are doing in a third, while the needles occupy a fourth.

During the removal of tumors having many attachments, it is a good principle to free first all the points that are easily detached, and to pediculate the tumor, as it were, where it is most difficult to free it. This will usually result in the largest vessels being included in the pedicle, so that with your ligature or clamp you may safely secure the most dangerous region, and cut above it without danger.

In old ovarian lesions, it is often a fact that the patients show a decided insufficiency in the secretion of urea. It is well to subject such patients to preliminary treatment for this condition, for two reasons: The first is that if the proper treatment increases the excretion of urea the patient will have a better chance of recovering from the operation, and the second is that if the patient's urine shows no improvement, the prognosis is rendered more serious, and forewarned is forearmed.—*Internat. Jour. Surgery.*

[Written for the MEDICAL BRIEF.]

On the Causation of Small-Pox Epidemics.

BY EDWARD HAUGHTON, B. A, M. D, ETC., London, S. E.

In order to judge wisely as to what ought to be done with a view to restrain the prevalence of small-pox within the narrowest limits, it is obvious that some knowledge of its nature and the conditions under which it has originated is indispensably necessary.

We have probably all heard of a theory according to which such an inquiry would be futile, as it takes for granted that all cases now proceed from previous "infection," and that, therefore, we need not trouble to inquire where, when or how the "specific infection" originated.

This is what is called "reasoning in a circle," a method of argumentation from which knowledge can not hope to gain anything of the slightest value to mankind.

The genuine student of hygiene, however, will not be deterred from further inquiry by these tactics, especially when he is assured (as I now assure him) that the theory in question is only an excrescence in the science of bacteriology which, over and over again, has proved that the most deadly microbes always require a suitable soil in which to be cultivated and increase; and that such a soil does not exist in perfectly healthy blood, which itself is antagonistic to such cultivation.

In accordance with the fashionable theory, one of the functions of the modern physician, on discovering a case of small-pox, is to trace the cause to some source of "infection," from which the case in question might, could, should, or would have been derived; and nobly have they responded to the expectations of their teachers. It almost seems as if the powers of imagination had reached their climax in some of the amusing and self-contradictory tales with which we are so familiar. It was in opposition to this kind of evidence that the late Mr. John Pickering was such a "thorn in the flesh" to the modern *gobemouche*. No sooner was a case of unvaccinated infection from the Transvaal or Timbuctoo gravely announced than he was immediately on the war-path, producing the government certificate of "successful vaccination," and dragging into light the awful mysteries of modern plumbing, and the acres of filthy middens and miscalled drains with which our modern civilization so kindly provide us. But he is gone, and "his works do follow him." In his own specialty we shall not easily or soon "look upon his like again."

With regard to the "Germ Theory," so-called, as an explanation of the phenomena of "infectious" diseases, the vagaries of its votaries in India (where they have been allowed a free hand for some years in connection with the plague) are really too absurd for serious criticism; and it behooves the medical profession to make a strenuous effort to shake off that officialism which has never been the friend of true "science," and now bids fair to make the very word itself stink in the nostrils of a decimated people. It is not science to inject her majesty's troops with "anti-typhoid" serum, or the inhabitants of India with Mr. Haffkine's abominations. Nor does science countenance the idea that epidemics have ever been cut short by the injection of foul matter into the tissues of the living body. We do not expect miracles, nor can we deny the influence of climatic and social conditions, in creating epidemic *foci* of various infectious diseases. But we think that the tendency to spread from person to person (when reduced to the minimum now attainable by well directed effort) is really so small that it constitutes only one factor out of several in the small-pox problem, and might be totally disregarded when the working classes of this country are decently housed, and the all-important questions of drainage and ventilation properly attended to. In other words, the epidemic condition is slowly generated, either in persons or communities; and when an individual is said to have "caught" the small-pox, more exact inquiry generally elicits the fact that his general health has been reduced for some time back, and that his blood is probably polluted to a very serious and

dangerous extent. If I am asked for my authority for putting the matter in this point of view, I will quote (for the benefit of those who still believe in isolation hospitals) the deliberate statements of one of our chief opponents in the press, and whose pamphlet on vaccination did our cause more harm than any other which has been written on the same subject. I allude to the late Professor W. B. Carpenter, Registrar of the London University, and author of a famous book on physiology. He thus expressed himself in an article in the February number of the *Nineteenth Century*, 1884. "What is it," he asks, "that determines the infective nature of the disease germs, thus affecting a susceptible person? This something appears to be supplied by overcrowding of the patients thus affected. Overcrowding means deficient air supply, and deficient air supply means deficient oxygenation of the blood—producing an accumulation in the circulating current of those waste products which are normally eliminated as fast as they are poured in. Just thirty years ago I showed that all the known predisposing causes of epidemic diseases might be generalized under one expression, namely, the accumulation of decomposing nitrogenous matter in the blood, either from without (in foul air, impure water or putrescent food), or through its excessive generation within the body (as by unusual waste of tissue) or by an obstructed elimination of the normal waste (such as results of bad ventilation, or the misuse of alcoholic liquors). And I showed that zymotic poisons which have no action upon pure blood will, by seizing upon this appropriate pabulum, increase and multiply in it, thus setting up a zymosis in pure blood, just as the growth and multiplication of yeast cells, at the expense of the nitrogenous matter of a wort effects the transformation of sugar into alcohol." But not only did Dr. Carpenter thus show under what conditions epidemics originate. Another inoculator of the deepest dye, Louis Pasteur, has in one of his scientific disquisitions, proved "that the exciting causes of disease can be weakened and destroyed outside the body by a natural agency, pure air."

How much more may we not infer, therefore, would be the effect of ozonized air under favorable conditions? Sir John Simon also frankly admits that even small-pox can not be produced in the blood of a healthy person by anything short of inoculation, and even uses the same simile as Dr. Carpenter with regard to a wort, which must contain not only sugar to be transformed, but a ferment in order to effect the ultimate production of beer.

Yet Sir John Simon is more responsible for the compulsory vaccination acts than any other person living or dead—so near may a man get to truth; yet (if the love of it is not in him) how low may he fall in regard to real usefulness to the community which he intends to benefit?

In good truth, these men are not discoverers even in that which they truly assert; for all hydropathists above the rank of a bath-man have been saying much the same thing for these fifty years, and the first opponents of the germ theory are also to be found in their ranks. However thankful we may be for the late pronouncements of Lawson Tait, Granville Bantock, Campbell Black and George Wilson, we are not in a whirl of delight when we find some distinguished bacteriologist on our side, for it is obvious that common sense, by a divine instinct, often anticipates the permanent doctrines of the enlightened scientist. In like manner do we not go to universities to learn what are the eternal truths that underlie the legislation of the future, or to Cabinet councils in order to learn what is the will of the mighty heart of Britain.

We take our stand on justice, equity and truth, and we shall always regard with abhorrence any so-called "discovery" of science which conveys a veiled insult to Almighty God, the maker of us all. But our time is short, and I may not detain you now, even for details of the manner in which certain morbid elements, when found in excess in the blood, produce the phenomena of small-pox. Dr. Carpenter boldly declares that all the common epidemics spread or originate in an apparently similar manner, and he is not alone in taking this view of the subject.

On another occasion I may prove this point by appealing to animal chemistry, but I do not hesitate now to declare that there is no real mystery in the main question under consideration, as is well known to the learned for these twenty years back. In order that true science should be reinstated in its proper position, there only needs the withdrawal of State patronage from a ridiculous and played-out nostrum, and then, quickly enough, no doubt, we shall be informed that some bright genius, by experimenting on numerous living animals, has proved what only the "ignorant" asserted before, "that vaccination is a pestilential delusion, and should be at once disestablished." Do not suppose, however, that your taxes will then be diminished by one iota. Unless we are watchful, every person now employed in connection with Jennerism may be sooner or later requisitioned to carry out the new "segregation" principles; and Leicester, in particular, may be appealed to to assist in the programme. May he that ruleth in the heavens preserve us from such an unconscionable lot of harpies, and reassert for our use the principles of Edwin Chadwick, Sutherland and Grainger, and the indefatigable Southwood Smith.

Obstinate Hiccough.

Dr. F. R. Millard, of San Diego, Cal., writes: It may be widely, but I do not think it is universally known that pure ground mustard is a valuable remedy with which to combat this condition. Put a tablespoonful of ground mustard in a teacup and gradually fill the cup with boiling water, stirring it until it is cold. Strain or let it settle and give one or two tablespoonfuls every ten or fifteen minutes.

During the twenty or more years that I have used it, it has seldom been necessary to prepare the second cupful for the same attack, and never the third, unless after having been absent some time the hiccough returns. So far as known this prescription was first given to one of another race, by the "wise woman" belonging to a band of Spanish gypsies.—*Med. Summary.*

[Written for the MEDICAL BRIEF.]

Praise and Criticism.

BY JAMES P. HAWES, M. D.,
North Hector, N. Y.

In the December (1899) BRIEF, page 1826, "Intuitive Religion" is the best article I ever read. For honor to God, the true teachings of Christ and the higher position of man, it contains more than columns of the past. Truly scientific, logical and rational, shorn of whims, partiality and creeds, it counsels non-progressive theology to stop and reflect. I think better, feel better, and have an anchor. The mist has disappeared, doubts are dethroned, and reason, in the image of our creator, is still master. The author may well be proud of that short but noble effort.

In January (1900) BRIEF, page 66, "The Boers and the Filipinos." Glad to read it, because it stimulates the search for truth. What is the truth to me? I understand that the United States have such a love for down-taxed people that we are willing to substitute war in the Sunday catechism. How many of us felt that the Filipinos might be freed from Spain; have a liberty and country of their own? We loved them—sore on Spain. Now, Spain, we will give you twenty millions for the saving of those poor creatures. Glory to fate! Come under our flag. A good one—true—would not it have been good for us to have hovered under the French flag when struggling with England, with twenty millions to the English? But, then, we must go on; because we must, and then be so good to them, that both of us may die in peace.

I hope the writer does not think this even a second cousin to the Boer war. For we may have the best intentions to educate and christianize the Filipinos. But "Lord" General Roberts has gone over there. For what? To make more lords. I do not suppose a Boer has any more respect for a lord than a Lord. England, that peaceful, brotherly love country! to us she never gives anything except law and lords. What is a lord? One who, by cunning and advantage, built the wall and arched the gate around thousands of little homes

that rightfully belong to the true defenders of their nation. She would chase an Englishman into a rich mine every day. How much did she love us? Seward knows she respects us, just because she fears us, and knows that we could whip the greed out of her in shot. My sympathies, with nine to one, are with the Boers. God be with them until they clear their land of those pompous, greedy Englishmen. What would we have been under them, feeding fox dogs and weeping over the graves of Lord General Lee and Lord General Grant.

[Doctor, you are too liberal a man to look only for the faults in that strong, sturdy, aggressive and progressive English character, and only at the rude, primitive virtues of the half-savage, obstinately unprogressive Boer.

The English are not perfect. They are human and full of human qualities, all the more pronounced because of their strength. They make mistakes; use the wrong ways and means; choose wrong times, just like other people, but they are an old race, full of experience, wise, practical, full of determination and grit. They know enough to know that it pays to be honest and straight, to insist on fair play. The Boers are willing to let the English build towns, defend them from savage tribes, and pay all the taxes, etc., but refuse to give them any voice in the government. As to English greed, what about Oom Paul's action in sending a body of soldiers to rob the banks of English gold, mined by English residents in the Transvaal?

It is natural for the hearts of a generous people, like the Americans, to go out in sympathy to a small nation fighting ostensibly for their homes, but when we look at the question dispassionately and fully inform ourselves, we find that the Uitlanders in the Transvaal are really the oppressed. They are fighting on the same grounds that we did in the Revolutionary War, and it must not be forgotten that many people in England endorsed our position at that time. The Boer holds very much the same relation to the Uitlanders that the Norman Barons did to the English Saxons. The Boers live rude, free, independent lives, all the work on the large plantations being done by Kaffir slaves. The Boer is absolutely unambitious, very arbitrary and stubborn, cares nothing for getting ahead, and is contemptuous of the claims of posterity, so long as his animal wants are abundantly satisfied. He is determined to resist the pressure of advancing civilization, which can no more be dammed back than Niagara Falls.

Think some more about this, Doctor, and if you believe in the cause of civilization, you will come, sooner or later, to concede the correctness of the English position in this war. Our own tussles with England made it a little hard for us to do her justice, but we are fast growing out of this narrowness, especially in the professions.—ED.]

[Written for the MEDICAL BRIEF.]

Strychnine.

BY JAMES P. HAWES, M. D.,

North Hector, N. Y.

I have been too busy to thank you for the prescription in September number, page 1363; I only took the Bromidia, Lithiated Hydrangea and Atropia twice, when I slept well, and the one one-hundredth grain strychnia daily, when I felt new. Have gained daily, and now feel strong and well. I still take the one one-hundredth grain strychnia in the morning. Do not think I ever understood the good effects of strychnia. Before this I used not to exceed three hundred tablets in a year in my practice; now I have used one thousand in two months. I give it in pneumonia, weak heart, and in all prostrating diseases. I believe we live by going up, not down. I shall always look back on the year 1899 as the exception and greatest of my life. In it I have had the greatest and severest number of patients in all my experience excepting the year 1889, and passed the clean year without losing a patient. Not at all in the spirit of boasting, for never have I felt to know as little as I do now. I have simply given the closest attention, used the best drugs, and pushed the whole system to shame the derelict organ. I thank you again, and wish you a prosperous new year.

[Written for the MEDICAL BRIEF.]

Prevalence of Drug Habits.

BY ETHAN ALLEN, M. D.,
Los Angeles, Cal.

It is the fearful increase, during the last few years, of the use of morphine, opium, cocaine and alcoholic stimulants to which I wish to call your attention, especially the use of cocaine among the brain-workers and the upper classes of society. The cocaine habit among the women of our best society is increasing at a fearful rate, and the medical fraternity appears to have more than its share of cocaine habitues. I had occasion, about a year ago, to advertise a quick method of cure, and you would be surprised to read the letters I received from physicians in nearly every State in the Union, the victims of some narcotic drug, "cocaine taking the lead."

I have just been reading an essay on the pathology and cure of the opium habit, printed in the July number of the BRIEF, 1896, written by Dr. J. H. Morton, of Memphis, Tenn., and read before the Southwestern Kentucky Medical Association, May 13, 1896.

The Doctor says: "So little is morphinism comprehended by physicians in general that they have almost universally regarded it as an incurable disease, and by throwing it out of their list and passing it by have generally confessed themselves inadequate to the task of curing the habit. Careful statistics show that there are, in America alone, about seventeen hundred thousand victims, Chicago having about one hundred and thirty-two thousand users of opium, and that nearly one-fourth of the physicians in the United States are using the drug. Morphine daily knocks out the noble, busy physician, and opium in some form defiles the sacred desk, sullies the pure ermine of justice, ruthlessly enters every profession and fastens its terrible fangs upon every class of people."

It is said that San Francisco numbers about ten thousand users of the life-destroying drug, in some form. Among its numbers can be found people of the highest classes of society. Why? From the fact that cocaine seems to furnish a panacea for mental worry, family troubles, financial difficulties, and is welcomed with open arms by all sufferers from pain or trouble of every kind, and they little know "or care" about the results so they obtain present relief.

And right here comes up the question, is there a remedy or a combination of remedies that will remove these terrible troubles? I am now almost three score and ten years of age, and I have made a long study of this matter, and I unhesitatingly answer, there is a remedy that entirely eliminates these drugs from the system, relieving every gland that has so long been under lock and key, and enables the lymphatics and all secretory, or excretory glands to do business at the old stand without let or hindrance.

If you have the BRIEF for 1896, turn to page 1007, July number, and read. If you have not got it you ought to have it. Every doctor should take the BRIEF. I have been reading it since 1876, and am still at it.

[Written for the MEDICAL BRIEF.]

Unique Twin Labor.

BY MRS. S. P. PIRLEY, M. D.,
Earlton, Kan.

As I have seen so little written by my sisters in the profession, I thought I would venture a letter, as I have had some cases that were at least peculiar to me.

In June, 1896, was called to the bedside of Mrs. McF., a multipara, the mother of thirteen children, having three times had twins.

I found her in labor, which was rather slow, but natural. Gave two capsules of quinine, two grains each, two hours apart, and in eight hours I delivered her of a girl baby, weighing eight pounds, fully developed, round and plump; delivered placenta entire, but found upon investigation there was yet something remaining in the uterus. So I concluded to await developments, and after a rest of about thirty minutes, labor again came on. I gave another capsule of quinine, with thirty drops of ergot, fluid extract, and in one hour, I deliv-

ered her of a boy of about five pounds weight, the patient having became so exhausted as to be helpless.

Now, the strange part is that the last child was entirely separate from the first, the bag of waters and placenta being not connected in any part whatever, so far as I could detect, and the last child being very small, and having every appearance of a premature birth. Now, I would like the opinion of the profession on the case. Were both children conceived at the same time, and if so, why were they not connected? They both lived, but the last one was very feeble for about eight weeks, then began to grow fast, and in six months was as large as the first one.

Have any of my sisters or brothers of the profession ever had a case similar? If so, write it up for the BRIEF, as I have been in active practice for nearly twenty years, and it is entirely different from anything I have ever encountered.

[Written for the MEDICAL BRIEF.]

Alcoholism.

BY J. I. T. LONG, M. D.,
Allen, Md.

In renewing my subscription to the BRIEF I would ask enough space to enable me to say a word or two in commendation of the editorial, in January number, on alcohol.

You have taken a noble, manly, altruistic position with reference to the matter in fact, the only tenable and intelligent position there is to take, and I heartily endorse every word you have written on the subject in that article.

Whosoever is engaged in an honest effort to free man from the worse than slavish thraldom of alcohol, is engaged in a grand and a glorious work, and his labor will not be in vain.

The bread that he casteth upon the waters will be seen after many days.

The time and space you devote to the cause of temperance could hardly be given to a cause more worthy of your able pen.

Eschewing euphemistic and ambiguous terms, you speak out with the voice of a Stentor against the great and consuming evil.

The reader is left in no doubt as to the significance of your remarks. Right! right!! Let every medical man write his name in bold and enduring characters on the same record. The medical profession has done much to encourage drunkenness, and lend it respectability, and it is high time that it assumed the only tenable and intelligent position with respect to the matter. It is time the hydra-headed monster was strangled and buried, and it becomes the duty of the profession to assist in the task.

We are doubtless all agreed that alcohol has been, and is, the arch enemy of the human family, and should be fought with an indefatigable and uncompromising hand. But all are not in harmony as to the most effective weapons of warfare.

On this point, I am not in accord with Mr. Editor. I live where there was once so much drunkenness and rowdyism it was hardly safe for a respectable stranger to pass through the village. For a quarter of a century, or more, it would be difficult to find a more temperate or moral community.

What has wrought the change? While we then had debauchery - inebriation, we now have morality and sobriety. The time between the visits of the drunken man, while not so long as the intervals between the visits of the phœnix are said to be, is so long his appearance attracts the neighborhood.

We then had dramshops on the corners, and the drunkard in the gutter. To what shall we attribute the change? Prohibition decreed that no more whisky should be sold in the district. Prohibition may not be universally applicable and adequate, but it is a potent agent to that end.

But let us not quarrel as to the weapons to be employed in the warfare, but strike with our might the monster wherever he may show his head, hoping that the time will soon come when whisky and wars will no longer be permitted to debauch, brutalize and devastate the earth; when it may no longer be said, "That man's inhumanity to man makes countless thousands mourn."

Inquiry Department.

Anonymous Articles.

We have said on many occasions that articles for our consideration which contain no name or address that can be reached, will receive no notice from our hands. Whether we publish name or not, we must have same for our files. This specially applies to R. S., New York, to whom we can give valuable information.

Premature Ejaculation.

QUESTION:—Case of sexual trouble, which seems to improve sometimes, but will not get well. The young man is thirty years old, weighs one hundred and ninety-nine pounds. Good health in every way but sexually. He masturbated vigorously from fourteen to twenty, but quit them when nocturnal emissions occurred in 1896, three years after self-abuse was stopped. There is no stricture or specific disease of the urethra. After stool in the morning and on sexual excitement prostatic fluid appears at the meatus. Sexual intercourse is not satisfactory, as ejaculation comes too quick, sometimes before the organ is in the vagina. The left testicle is smaller than the other, which is about the right size. The left one is tender, and shooting pains permeate it when on the feet very long, or riding horseback much. Had orchitis twice in that organ, once from mumps, and after that from some cause. The patient never had gonorrhea.

This patient wants to marry in a few months, and must be cured if possible. Please give your treatment for him.

I forgot to mention that the young man dreams all kinds of things at night. Sleeps tolerably well otherwise.

Rayville, La. H. F. WILKINS, M. D.

ANSWER:—Sexual neurosis due to abuse. Pains and wasting of testicle are neuralgic in nature. Spinal center is congested and irritable with partial loss of governing power. Hyperesthesia and weakness of prostate and deep urethra are effects which will pass away when nerve power is restored.

Give one two-hundred-and-fiftieth grain sulphate atropia and one thirty-fourth grain strychnine arseniate three times daily in alternation, with thirty drops of Bromidia in a glass of Vichy water at bedtime. Should wear a good suspensory and bathe organs daily in tepid water. Keep bowels open to avoid straining at stool. Small flying blisters over sacrum will help to relieve congestion of cord, and also to keep him off his back at night.

After this treatment has fulfilled indications, we suggest teaspoonful doses of Sanmetto and one-sixtieth grain of strychnia three times daily as a sexual tonic and regulator, bathing the glans penis once a day with a teaspoonful of Ecthol is a most valuable auxiliary, as it is a stimulant tonic to the local circulation.—ED.

Sciatica.

QUESTION:—Can anyone give a reliable remedy for sciatica? I have exhausted all known cures, and patient is fast becoming dependent on opiates. J. C.

Ill.

ANSWER:—Have you tried lobelia? It is a nervine sedative, admirably adapted to this disease. Give five-drop doses of a good tincture of the seed four or five times daily. If it culminates in emesis, all right, but diminish dose a little until you get it just right. Persevere and you will be pleased. Of course, look out for constipation and genital disease.—ED.

Chronic Articular Rheumatism.

QUESTION:—I have a case of chronic articular rheumatism, which I have been treating for two years past with no apparent results. She is a lady fifty-one years of age; has borne thirteen children, very stout, five feet two inches tall, weighing one hundred and forty-five pounds at the beginning of attack, two years ago. No history of tuberculosis, scrofula, or other constitutional or hereditary disease in the family. The disease manifested itself first in the wrists, extending to elbow and metatarsophalangeal joints, thence to shoulders and lower extremities. The elbow and knee joints, especially, were greatly swollen and extremely painful, requiring anodynes to secure any rest at all. Has been troubled for a number of years with hepatic torpor and constipation, with indigestion and palpitation of the heart, together with the menopause.

I have given her the usual anti-rheumatic remedies, such as salicylic acid and solution sodii at first, and later iodide potassium, arsenic, colchici vini radix, lithium, etc. I also tried massage, the galvanic battery and dry heat, with sodii phosphate for the liver, alternated with aloin, strychnine, belladonna and cascara compound, none of which has given any satisfactory results, except relief for the hepatic torpor. I also gave a combination of xanthoxylum, lappa minor, and phytolacca decandra.

Appetite at first unimpaired, but has gradually diminished until she does not now eat enough to maintain life, it seems, and she has decreased in weight from one hundred and forty-five pounds to about seventy or seventy-five. She can not stand alone or help herself, the left knee being flexed, and almost rigid.

About a year ago she formed an idea that venesection would afford her some relief, and to satisfy her I drew a half pint of blood, which was very dark, almost black, and so thick that I could with difficulty get it to run. This was before she had become emaciated to any appreciable degree.

Have given her Seng and elixir lactated pepsin for indigestion, and compound tincture gentian with hydrochloric acid diluted to increase appetite.

Now, if the good Editor or any of the many readers of the dear old BRIEF can give me any suggestion that will aid me in relieving this patient, I will be under many obligations to them. A. S. B., M. D.

Ill.

ANSWER:—Would give her five grains ammonium chloride in a glass of water three times daily, sipped with one-sixtieth grain strychnia, three doses a day. After meals, put a pinch of salt, dry, on the base of tongue.

Move the bowels daily with copious enemas of hot soapsuds and use abdominal massage. Get her to take all the water you can. It will help to stimulate the lymphatic system. Oxygen inhalations would be of great benefit.

Do not give any medicine except the above for a time. Constitution is too run down. Occasional hot packs will help. Also, hot carbolized fomentations to painful joints.—ED.

Obesity.

QUESTION:—What do you think of the so-called antifats? I am getting very fleshy, weighing two hundred and fifty pounds, and I seem to smother in my sleep. General health good. My age is fifty; five feet, eleven inches, light complexion. I am troubled with nasal catarrh, with brow pain. The discharges from nose smell bad, pus coming from right nostril. It looks like pus from an abscess. Please give me a treatment for the catarrh, and tell me how to reduce my flesh without impairing my general health, if possible. What do you think of phytoline? Is it dangerous?

C. C. WALKER, M. D.

ANSWER:—Unless the normal balance between the amount of food eaten and the bodily activities is preserved, the result is excessive fat formation in a healthy person. Where appetite is regularly indulged to satiety, it becomes perverted and loses its natural relation to the actual needs of the body. Food replenishes tissue loss and furnishes energy. The day laborer can eat heartily, because he breaks down a large amount of tissue daily which his diet must repair. But the sedentary and professional man requires chiefly food which is filling—has bulk—contains the various salts and alterative vegetable juices, especially where he is disposed to fat, the rheumatic or fibrous diatheses.

Fat is simply a slow, chronic disease, beginning as deposits in the connective tissue, extending to the muscular system, and finally producing softening of nerve structure, if the heart does not give out before this point is reached.

The best way to treat it is to remove the cause by dieting. The nervous system is always torpid in corpulence. Take strychnia, one one-hundredth grain four times daily. Live largely on broths, green vegetables, lettuce, spinach and the like, asparagus, tomatoes, juicy fruits, and take a two-grain capsule of common salt directly after eating.

For the catarrh, spray nose morning and night with equal parts Listerine, hydrogen peroxide and water until it ceases to foam. Give the face and head a vigorous rubbing with pure Listerine. In catarrh the nerves of face and head are weakened and neuralgic, and are much benefited by massage.

If you are doing a buggy practice, try horse-back awhile. Phytoline is highly spoken of, and is certainly worthy of a trial. We have had no experience with it.—ED.

Facial Sore.

QUESTION:—I have treated a case, for three months, of open sore on forehead. Party had syphilis thirty years ago. I have got it healed up at last, but it is very red and angry-looking, and an eyesore, as it is necessary to keep it covered up to hide it. Now, Doctor, can you advise me how to relieve the red appearance, as it is very annoying to party.

Chicago, Ill. R. H. RICHARDS, M. D.

ANSWER:—Put your patient on Iodia, half-teaspoonful in water after meals, and use an application of equal parts beeswax and fresh (unsalted) butter, containing two per cent carbolic acid. —ED.

Neurasthenia.

QUESTION:—Mr. L., fifty-four years of age, when a small boy, had coxalgia. Was badly treated. Head of bone was destroyed, leg much shortened, and hip-joint stiff. Until eight years ago he had perfect health, and though small and deformed, was remarkably strong and active. From high living and want of exercise, dyspepsia, with the most fearful depression came on. After suffering for four years, living on bread and water, and losing much flesh and strength, he gave up and went to bed. A physician was called, and he was put on the best of treatment. The doctor saw him every day for eighteen months, and seeing no good from anything, he abandoned all treatment. The physician urged a change of place, but this was refused.

I have visited him for three years daily, and sometimes two or three times a day. If he eats any solid food, gas is formed, and he becomes, as he expresses it, "wild," and thinks he will die in an hour or so, and a doctor must go to assure him there is no danger.

The mental depression has grown worse and worse, and emaciation has increased until he is almost as thin as a skeleton, and the bones about the hips and shoulders press on the skin till it is necessary to use small pillows to relieve the pain and pressure. He has a perfect horror of death, and insists that he can not live another day, and talks of noth.ng but his case and death, and has done so for four years. He is very nervous and easily excited. For a long time he has lived on about twenty-four ounces of sweet milk (usually skimmed), and three or four ounces of crackers. Everything that could be thought of has been tried in the way of diet. All animal food seems to excite him. He has been seen by a number of physicians, and many remedies have been prescribed without the slightest benefit.

He suffers with constipation, bowels never moving without a cathartic or an enema. The only medicine he has taken for months is twenty to forty drops of McMunn's elixir of opium during twenty-four hours. He is a druggist, and must know every medicine prescribed, and then has no confidence in it.

There is no organic disease so far as can be learned. Pulse generally very good, but at times goes down to fifty or below.

No reasoning or persuasion can induce him to leave, as he believes he will die in a day or so, and prefers to meet death at home.

He is a man of intelligence, and is well educated. His mental suffering is simply horrible. The days are passed in agony, and the nights are so "full of fearful dreams," that "day, all bitter, brings relief from such a horror-breathing night."

Can anything be done? Would it be prudent to force him to leave home? The suffering is terrible, not only to the man but to his family. He is afraid for his wife to leave the room, and believes when his children start to school in the morning that he will be dead when they return in the afternoon.

Athens, Ga. E. S. LYNDON, M. D.

ANSWER:—Yes, take him away with guile or by force. Separate him from home and daily associations. He will never get the courage to live and struggle where the vaporings of a diseased brain are treated gravely, and allowed to dominate him. Fear has grown to the proportions of a monstrous tyranny. We should try suggestion and the water cure—no drugs at present in this case. Give him the hygiene and management of an infant. A warm pack for a few minutes at bedtime, feeding regularly with nourishing broths, fruit juices, puddings, proceeding to a mixed diet as fast as possible. Accompany each dish with an imperative assurance that it must and will digest well. If digestion causes troublesome reflex symptoms, tell him it is the stimulus of awakening life in his torpid frame; that it manifests itself in ill-regulated and excessive fashion, because he has so long lived on the brink of starvation, and that these symptoms will soon moderate and disappear if he perseveres. Give him water internally and eternally. He must be encouraged and assured, and, above all, kindly but firmly *managed*. Do not discuss his symptoms with him or before him. Use your senses for information. A good sanitarium is the best place for him.—ED.

Dysmenorrhea.

QUESTION:—Woman, aged twenty, height, about five feet six inches, weight about one hundred and twenty-five pounds, complexion dark; subject for a number of years to very painful menstrual periods. Has been the rounds, and taken quite a lot of medicine to no advantage. At present, or for the last three months, which time she has been under our treatment, she has had very severe pain of the characteristic bearing-down character, passes some blood clots; tenderness over ovarian region, and very weak cardiac action; in fact she has fainted once or twice with what she calls smothering spells. Does not have any symptoms further than those mentioned. Have given her Hayden's Viburnum Compound (fluid extract viburnum prunifolium), and now have her on:

℞ Aletris Cordial ..... 4 ounces.
Celerina ..... 4 ounces.
Strych. Sulph ..... 1 grain.

M. Sig.: Two teaspoonfuls every four hours during menstrual period, and three times daily between periods.

Have almost decided there is an intrauterine fungus or other growth, and advised husband that surgical interference would likely be

necessary. Have about decided to at least dilate the cervix well at beginning of next period, unless we should hear from you to the contrary. DRS. LEWIS & KIBBY.
Kingston, I. T.

ANSWER:—Give iodide of arsenic, one-twentieth grain, morning and evening, with ten drops tincture jaborandi, three times daily. When the pains come on, give twenty-drop doses of Bromidia every thirty minutes until pain is controlled. Also use hot bottle to feet and legs, with hot poultices of mashed potatoes to abdomen. Give small, repeated doses of nitro-glycerine to relieve heart symptoms.

This kind of menstrual pain is a sort of motor neurosis. The uterus is highly irritable, and cramps under the congestion caused by the menstrual cycle. Many organs are subject to convulsive disorders. Inquire for history of epilepsy, migraine, or some similar trouble in family history. Gastralgia, enteralgia, neuralgia, croup, etc., also belong in this category. Attend to bowels, and build up general health. Iron and bitter tonics occasionally.—ED.

Spasmodic Diathesis.

QUESTION:—I am very anxious to have your opinion and treatment for the following case: Mrs. P., American, aged forty-six. Farmer's wife. Has had four children. Has never been of strong constitution. Menses always irregular and painful. Since early womanhood has had frequent attacks of sick headache, lasting from one to four days; also attacks of severe cardiac palpitation occurring when tired or excited, and at times when there is no evident cause. (Mother of patient suffered in a similar manner from early womanhood, the sick headaches, however, disappeared after the menopause, but the irregular cardiac action continued to the time of her death, which occurred at the age of sixty-seven years, from angina pectoris).

Status presens. For the past two years Mrs. P. has had less menstrual pain and the flow has diminished in quantity, and once or twice the periods have been missed. It is now nearly two months since the last menstruation. For the past three months the excessive cardiac action and general nervousness have been so severe that she has been able to sleep but very little. The heart action she describes as "pounding," and to describe the general nervousness, says she feels as though she "would fly all to pieces." The heart is irregular in action as well as rapid, and at times seems labored. No evidence of valvular lesion. Digestion not very good and nearly always increases cardiac action, even when she is well as usual. Bowels usually regular every morning. Appetite has been good, but she is afraid to eat on account of it exciting the heart's action.

Treatment.—

℞ Strophanthus.....2 minims.
Celerina.....1 drachm.
M. Sig.: Every three hours.

Slight benefit. Digitalis, infusion, dessert-spoonful in the morning and the above prescription the remainder of the day. An occasional five-grain Dover's powder at night gives temporary relief. She is now taking the following:

℞ Ext. Cimicifugæ fl.....1 ounce.
Ext. Gelsemii fl.....1 ounce.
Tinct. Hyoscyami.....2 ounces.
Celerina.....q. s. ad.....8 ounces.
M. Sig.: One drachm every four hours.

Up to the present time, this, too, has been a failure. Now, Mr. Editor, please tell me where my treatment is at fault, and also what to do for this case. She has grown gradually weaker all this time. I think a lower altitude would help her as this is a high mountainous region.
Sheridan, Nevada. ELIZA COOK, M. D.

ANSWER:—Give eight drops dilute phosphoric acid in half-glass sweetened water after meals. Between meals give:

℞ Quinia Sulph.....1 drachm.
Ferri Sulph. Exsic.....8 grains.
Podophyllin.....2 grains.
M. In Caps. No. 30. Sig.: One three times daily.

This combination can not be surpassed in the condition described as "flying all to pieces." We have used it a great deal and it seems to compose and steel the nerves permanently.

Give half-teaspoonful of Bromidia in water at bedtime, every other night for a few nights, until arrears of sleep are made up, when the nervous system will be sufficiently strengthened for sleep without artificial aid.

If the heart continues troublesome use one-drop doses of Norwood's tincture veratrum viride and one Cactina Pillet three times daily. The organ is probably hypertrophied and abnormally strong from the effort required to overcome the resistance of chronic high blood-pressure. Needs sedatives rather than stimulants.—ED.

Miner's Headache.

QUESTION:—Please give a reliable remedy for miner's, or nitro-glycerine, headache?
Cal. SUBSCRIBER.

ANSWER:—Try Peacock's Bromides, teaspoonful three times daily, in alternation with ergot or Ergotole.—ED.

Goitre.

QUESTION:—I have a case of goitre in a young lady sixteen years of age, of four years' standing. Have tried iodine compound preparations both externally and internally, the thyroid extract tablets and the various preparations, to no effect. Has been under my hands for treatment two months. Folks are somewhat discouraged, and in all probability will try someone else before long. I am a new man in my territory and wish to hold all business I can. Please help me out in this case, and give me your best treatment.

Family history fairly good; more so on the father's side. Mother is an epileptic; been so for twelve years. Children all seem perfectly healthy with this exception. Does not interfere particularly, only for looks.

Ia. E. S. D., M. D.

ANSWER:—Would try iodide of arsenic one-twentieth grain, three time daily, in alternation with Peacock's Bromides, half-teaspoonful three times daily. Applications of oleate mercury to the growth. Two months is, by no means, sufficient time to test iodine, or any other treatment. Progress is always slow in these cases.

Tincture strophanthus has been highly recommended in goitre. Inquire as to health of sexual organs and bowel regularity, as these are important factors in the problem. Let us hear from others as to treatment of goitre.—ED.

Gangrene.

QUESTION:—Man fifty-two years old, fair complexion, spare habits, weighing about one hundred and twenty pounds in health. Family history and previous condition good. Is an old frontiersman; present occupation, farmer.

Last July skinned his heel on the side with a run-down shoe. Inflammation developed and I was sent for. Found him with a very bad sore and little sores scattered all over body.

Used a healing salve and the following blood medicine:

℞ Ext. Sarsaparillæ fl ..... ½ ounce.
Ext. Stillingiæ fl..... ½ ounce.
Ext. Cascara Sag. fl ..... ½ ounce.
Pot. Iodidi ..... ½ ounce.
Syr. Simp..... q. s. ad.....8 ounces.

M. Sig.: Teaspoonful three times daily. Saline purgatives when indicated.

Patient improved, got up and inflammation recurred. I was called ten days later and found gangrene had set up. Other sores had disappeared. Controlled gangrenous process with salicylic acid, but it kept returning. Tried all the antiseptics. Called counsel and finally determined on amputation. By this time the Achilles was destroyed.

Amputated leg to upper third, kept up blood medicine, with calcium sulphide, nuclein, antiseptic dressings, but in a few days gangrene made its appearance. A second amputation was refused, and the case entrusted to an old Mexican quack.

December 18th, was recalled. Found stump had healed some, but gangrene had set up under knee. Finding salicylic acid too slow, substituted one-half strength carbolic acid with more satisfaction.

At this writing, stump nearly healed over and healing process seems to be established within two inches of sloughing sore. Granulation beginning in end of stump seems to be following sloughing process up thigh.

Can Editor, or any brother, suggest a remedy or give me any advice as to cause and treatment? J. C. MCDONALD, M. D.

Skipper's Gap, Tex.

ANSWER:—Cleanse the gangrenous parts thoroughly, then fold several thicknesses of antiseptic gauze for bandages, keep soaking wet with pure Ecthol, cover over with cotton, then apply *heat* to limb outside of the bandages by means of hot bottles, hot irons, etc.

Internally give him a teaspoonful of Ecthol every two hours with one-fortieth grain strychnine, three times daily. See that the bowels and kidneys do their work.—ED.

Epilepsy.

QUESTION:—Please give diagnosis and treatment of the following case: Young man, twenty-eight years of age, masturbated regularly from the age of fifteen to twenty, and at intervals nearly to present time. Began to have emissions at eighteen, which continued until the age of twenty-five; still has them occasionally, usually accompanied with dreams, or when sleeping on back. There is considerable irritation of the prostate, and examination of urine shows considerable deposit. Can not say if it is semen or not.

Began to have spells or light form of epilepsy at seventeen. Is still having them. These spells are momentary. He does not become unconscious. There is a feeling of oppression, face flushed, and rising of copious quantities of saliva in the mouth. Stomach is badly deranged, suffers with shortness of breath and indigestion. Has pains in chest, back, and head. Is confused in speech, finds it hard to control his thoughts, is fickle, very irritable and extremely nervous. Is growing very weak, at times does not feel able to stand. I forgot to mention, he recently had two attacks of epilepsy while asleep. These look like genuine cases, lip was bitten and he was very weak all day. Is usually constipated, and attacks of epilepsy are more frequent when indigestion and constipation are severe.

What do you think of the chances for a permanent cure in above case? This party fell from a second story gallery when five years of age, falling sideways, striking on right

shoulder and head. There is an indentation on head about an inch and a quarter in length. Would be glad to hear from some of our physicians who have been successful in treating this class of patients. J. C. M.
New Orleans, La.

ANSWER:—We should call this prostatitis with a weakened, irritable state of nervous system, and consequent general impairment of function. Try

℞ Tinct. Collinsoniæ Can.....1 ounce.
Celerina .....8 ounces.
Sanmetto ..... 4 ounces.
M. Sig.: Teaspoonful four times daily.

Also one one-hundred and thirty-fourth grain arseniate of strychnine, four doses per day.

Keep the bowels moving daily. Look after his diet and hygiene. He must have an abundance of sleep, live regularly, and try to accumulate a little reserve vitality. Epileptic explosions and the sexual orgasm both dissipate nervous energy, and are consequently exhausting to a man weakened by disease.—ED.

Enuresis—Dysmenorrhea.

QUESTION:—Young girl about fourteen years old, well developed, menstrual periods well established. Has been troubled with nocturnal incontinence of urine since three years old. She applied to me for treatment in November, 1899. On examining urine, find color that of water, specific gravity 1008, with none of the normal constituents, reaction neutral. Hypertrophied adenoids of the nose. Have employed steam baths, hot and cold sitz baths, fomentations to spine and vulva, electricity (Faradism) general and local. Remedies used are belladonna, thuja, nux vomica, acetate of potash. The urine has improved somewhat, but the bed wetting goes on just the same. Can the trouble be due to the abnormal growths in the nose? All the family have the same trouble of wetting the bed.

Case 2.—A married woman, thirty-nine years of age, mother of three children, chronic dysmenorrhea. The last six months the menses will begin, and on the second day stop suddenly with development of cramp-like pains in head behind the eyeballs. Pain continues until the flow begins again. The last two periods have been very severe, and after the flows stop I have not been able to establish it again. The uterus is much enlarged, being twice as large as it should be, and there is an erosion as large as a nickel on the posterior lip of the cervix.
California. A. L. B., M. D.

ANSWER:—Would give her:

℞ Sanmetto.....7 ounces.
Ergotole .....1 ounce.
M. Sig.: Teaspoonful four times daily.

Also the following tonic:

℞ Quiniæ Sulph.....1 drachm.
Ferri Sulph. Ex. .....15 grains.
Strychnæ Sulph..... ½ grain.
M. ft. Caps. No. 60. Sig.: One after each meal.

Patient should have an early supper, drink no fluids during the evening, empty bladder twice before retiring, avoid sleeping on back, take off shoes the last thing before lying down. The bed should be out of reach of draughts, and abundantly furnished with clothing. Sudden chilling of body surface stimulates renal activity. If there is constipation, use laxative doses of podophyllin. The adenoids should be removed if they cause mouth-breathing.

In case two, give teaspoonful doses of Iodia, well diluted, after meals. Locally, use cotton tampons, wet in equal parts glycerine and Kennedy's Dark Pinus Canadensis, to os uteri to drain organ and hasten involution. A fresh tampon should be applied on retiring each night, removed in morning, and a copious vaginal douche taken. Patient should sleep on pads made for the purpose, as Dark Pinus Canadensis stains.—ED.

Hiccoughs.

QUESTION:—Can the Editor, or any of the BRIEF readers, give a remedy for chronic hiccoughs? J. E. D.
Indiana.

ANSWER:—In most instances, the trouble is the result of indigestion and constipation, with gaseous distension of abdomen, causing pressure on diaphragm. Epsom salts, in teaspoonful doses every hour or so until thorough purgation is accomplished, is said to give prompt relief.—ED.

Abnormal Thirst.

QUESTION:—What will relieve inordinate thirst in an otherwise healthy patient?
Ohio. P. C.

ANSWER:—Find out if the thirst is due to dryness of mouth and throat, as it often is in neurotic subjects. If so, five-drop doses of tincture jaborandi will relieve by promoting the salivary secretion. Also examine urine for possible sugar. Phosphoric acid possesses the property of relieving thirst.—ED.

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NERVE STIMULANTS.

Pil. Caffeine Cit., 1 grain.
Dose 1. 40c. per 100.

Pil. Phos. cum Bellad.
℞ Phosphorus .....$\frac{1}{100}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1 to 2. 50c. per 100.

Pil. Ext. Ignatia Am., $\frac{1}{4}$ grain.
Dose 1 to 2. 30c. per 100.

NERVE TONICS.

Pil. Asafœtida Comp.
℞ Asafœtida.....2 grains
Ferri Sul. Exs.....1 grain
Dose 2 to 5. 25c. per 100.

Pil. Asafœtida, 2 grains.
Dose 2 to 4. 20c. per 100.

Pil. Sumbul Comp.
℞ Ext. Sumbul.....1 grain.
Asafetida.....2 grains.
Ferri Sulph. Exsic.....1 grain.
Acid Arsen..... $\frac{1}{100}$ grain.
Dose 1 to 2. $1.00 per 100.

NEURALGIA.

Pil. Neuralgic (Gross).
℞ Quinin Sulph.....2 grains.
Morphin Sulph..... $\frac{1}{20}$ grain.
Strychnin..... $\frac{1}{30}$ grain.
Ac. Arsenious ..... $\frac{1}{20}$ grain.
Ext. Aconiti..... $\frac{1}{2}$ grain.
Dose 1 to 3. $1.00 per 100.

Pil. Neuralgic—$\frac{1}{2}$ size (Gross).
Dose 1 to 3. 60c. per 100.

Pil. Neuralgic (Brown-Sequard).
℞ Ext. Hyoscy.....$\frac{2}{3}$ grain.
Ext. Conii.....$\frac{2}{3}$ grain.
Ext. Ignat. Am.....$\frac{1}{4}$ grain.
Ext. Opii.....$\frac{1}{2}$ grain.
Ext. Aconiti.....$\frac{1}{3}$ grain.
Ext. Can. Ind.....$\frac{1}{4}$ grain.
Ext. Stram..... $\frac{1}{6}$ grain.
Ext. Bellad..... $\frac{1}{6}$ grain.
Dose 1. 90c. per 100.

SOPORIFICS.

Pil. Hyoscyamine, $\frac{1}{100}$ gr.
Dose 1. 45c. per 100.

Pil. Svapnia, $\frac{1}{2}$ grain.
Dose 1 to 2. 90c. per 100.

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LARGEST PILL FACTORY IN THE WORLD.

In Writing to Advertisers, Mention Medical Brief.

Tinnitus Aurium.

QUESTION:—I have a bad case of ringing in the ears. Patient can not sleep or think connectedly. Fears he will go insane. Can any one give me any assistance in this case?
Michigan. R. D.

ANSWER:—Hypertrophy, or irritability of the heart, is a most common cause of this trouble in connection with an inactive skin, intra-nasal growths, or diseased kidneys. Give small doses of tincture jaborandi—five or ten drops—in alternation with Peacock's Bromides in half teaspoonful doses, the dose to be doubled at bedtime. Plenty of water internally to assist the action of skin and kidneys.—ED.

Irritable Heart.

QUESTION:—Please give a remedy for excessive palpitation of the heart due to indigestion.
Kan. S. A.

ANSWER:—Try the following:

℞ Acid. Hydrochlor. Dil..... 1 ounce.
Seng ..... 7 ounces.
Cactina ..... 100 pillets.

M. Sig.: Teaspoonful after each meal and at bedtime.

—ED.

Malaria.

QUESTION:—Please give a remedy for chronic malaria, and oblige SUBSCRIBER.
Ind.

ANSWER:—Chronic malaria means a condition of self-poisoning, the result of torpor and imperfect functionation of the various organs. Poisons are formed in the body which are not eliminated, but circulating in the blood, depress or irritate the brain and nerves. Give:

℞ Seng ..... 2 ounces.
Chionia ..... 4 ounces.
Liq. Pot. Ars ..... 2 drachms.
Lithiated Hydrangea.....q. s., ad. 8 ounces.

M. Sig.: One to two teaspoonfuls three times daily.

Take a daily warm bath, followed by brisk friction with coarse towel to put skin in condition.—ED.

Dysmennorrhea.

QUESTION:—What is the best treatment for spasmodic dysmenorrhea? S. S. B.
Mo.

ANSWER:—Give ten drops of tincture jaborandi with a drachm of Aletris Cordial three times daily for several months with short intermissions between periods.—ED.

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Appendicitis.

QUESTION:—What are the indications for appendicitis, what are the causes by which it may be contracted, and is it common?

I have had the BRIEF in my office fifteen years, and could not do without it.

Earlton, Kan. MRS. S. H. PIERLEY, M. D.

ANSWER:—Appendicitis is something of a fad among surgeons. Genuine primary appendicitis is rare. Most of the cases begin as simple constipation, with impaction and inflammation of the cecum, extending to and involving the appendix.

Severe, sudden, deep-seated, localized pain in the right iliac fossa, with the presence of an oblong, firm, doughy tumor, reaching not higher than a line drawn from anterior superior spinous process of ilium to umbillicus, tender to pressure, with the constitutional disturbance common to acute abdominal disease, means appendicitis. Hot carbolized applications over seat of disease, purgation with epsom salts, anodyne doses of Papine, with small ones of tincture ipecac, will, where the case is seen early enough, often obviate the necessity for surgical interference. Constipation and the eating of rough, irritating substances, such as hulls and seeds of fruits, etc., is the great cause ED.

Nervous Debility.

QUESTION:—Have been suffering for the past five years with nervous dyspepsia. Am a married man, thirty-eight years of age, weight one hundred and twenty pounds, former weight one hundred and forty pounds. Never had any venereal disease except gonorrhea. Symptoms at present, dull pain under right shoulder blade, tenderness upon pressure over stomach, slow digestion, liver sore and inactive, bloating and unusual fullness in stomach and bowels after meals, lasting three to six hours, sleepy nearly all the time, gaseous distention of stomach and bowels, enlargment on left side of umbilicus since an attack of malarial fever a year ago, it is not sore or tender upon pressure; appetite very good, tongue coated a yellowish-brown, bowels constipated in the extreme, urine scanty and highly colored, no sugar nor albumen, poor circulation, hands and feet cold, pulse about seventy-five, except early in the morning, or upon exercise, when it rises to a hundred. Loss of sexual power, genital organs soft, flaccid and small, very nervous, headaches sometimes in the back part, sometimes over the left eye, dizziness, disturbed sleep, frightful dreams.

I have consulted several physicians, some say one thing, some another. Have taken nux vomica, chionanthus, Seng, bismuth, hydrastis, and a great many other remedies too numerous to mention.

Any information from the Editor will be kindly appreciated, as I have a very large practice, and am anxious to get well.

Georgia. R. A. J., M. D.

ANSWER:—You are suffering from a diseased and weakened state of the medulla and pneumo-gastric nerve as the primary lesion. The subjective symptoms mentioned, nervousness, headache, dizziness, etc., are the result of absorption of poisonous substances from the bowel, as shown by the yellowish-brown tongue.

You need strychnine, but before giving brain and nerve stimulants, the blood should be purified, and constipation relieved. We recommend one-fourth grain calomel with two grains bicarbonate of soda four times daily for two days, followed by a large dose of epsom salts, and several copious enemas. The work of treating constipation is not done until the patient is passing yellow, formed movements.

Then give a half teaspoonful of Iodia in water after meals, for a week or two, as indicated, when you will be ready for the strychnine, one one-hundredth grain thrice daily.

Use half teaspoonful doses of Bromidia, in half glass hot water, every other night at bedtime, for a few times, when the habit of natural sleep will gradually return.—ED.

A General Medical Law.

QUESTION:—There are two pressing questions to physicians. As the States have police power and can make any kind of a medical law they please, we would like a plan of endless chain certificate—a certificate that would be good in any State of this Union.

The second question is: How can we arrange a physician's excursion to Paris next summer, and what is the probable cost?

Oberlin, Kan. WM. B. MEAD, M. D.

Insomnia of Pregnancy.

QUESTION:—What is the best remedy for insomnia of pregnancy? E. P. D.

Ky.

ANSWER:—Bromidia, half to one teaspoonful in glass of Vichy water on retiring. If persistent, examine the urine carefully, and purge well with salines. Nightly warm baths are useful.—ED.

THE
Medical Brief
A MONTHLY JOURNAL OF
SCIENTIFIC MEDICINE.

J. J. LAWRENCE, A.M., M.D.,
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[Written for the MEDICAL BRIEF.]

The Phenomena and Physiology of Hypnosis.*

BY RALPH VINCENT, M. B., B. S., M. R. C. P., London, Eng.

Our subject this evening is one in which I have been interested for some time; since, in connection with its relations to physiological psychology, hypnosis opens up an important field for observation and experiment. It is in relation with this branch of the subject that I propose to present to you a review of some of the facts connected with the hypnotic state, and, without expressing any opinion on the therapeutic aspect of hypnosis, I wish you clearly to understand that I am not concerned in this. As regards your own position to the subject, it is important that you should disabuse yourselves of any of those vague superstitions which attribute the condition of hypnosis to some mysterious influence, will-power, animal magnetism, *et similia*. The condition is a result of a definite alteration in the nervous system, and it is as definite and physiological an alteration as that change produced by chloroform.

The induction of hypnosis is largely a matter of careful detail, and the etiology of the condition is rendered somewhat more obvious by analysis of the changes occurring in the individual as he passes from the normal to the abnormal. The room should be perfectly quiet, and small disturbances should be particularly avoided, *e. g.*, the ticking of a clock, as these are especially apt to disturb the subject. Our first object will be to obtain a condition of *passivity*. The subject is placed in a chair, and care is taken that he be quite at ease so that he is able to sit still for ten minutes without discomfort. Then it is necessary to fix his *attention*. This fixation of attention has been the medium of the greater part of the humbug introduced by the many "professors." But it is not necessary for the hypnotist to look at his patient's eyes, the wonderful "passes" may be omitted, and, in fact, all the paraphernalia of the traveling entertainer. The operator should stand

*Lecture delivered before the Guthrie Society, Westminster Hospital, London, Eng.

slightly behind his patient, and with his hand coming over the head should put the index and middle finger in front of the patient's eyes and about three inches from them. Now the condition necessarily induced by this passivity and attention is one that must be familiar, in part, to all of us. You can not have your attention directed to an accident in the street; you can not be "pulled up" by any sudden stimulus to the nervous system without a concomitant inhibition of active ideation.

What you *were* thinking about is not what you *are* thinking about. In fact, voluntary thought during this stage of attention has almost disappeared. This inhibition is evidenced by the special means employed, and intensified by its continuance, and thus we have the subject in a condition differing from the normal, but still not yet in hypnosis.

In a few moments a change may be noticed in the subject. At first he was aware to a certain extent, of his altered condition, but now this alteration has developed to such an extent that no voluntary thought or perception is taking place, and the characteristic of hypnosis, *receptivity of suggestion*, is beginning to develop. A few suggestions enable the operator to induce a complete hypnosis, and as this takes place certain signs may nearly always be seen. There is a curious tremor of the upper eyelids, the pulse is slightly disturbed and irregular, and with a short, jerky inspiration, the subject passes into hypnosis. We may, therefore, distinguish four stages in the induction of hypnosis:

I. Passivity.

II. Passivity with attention.

III. Acute passivity with acute attention.

IV. Hypnosis.

We come now to the description of hypnosis itself, and in this connection it is important to remember that subjects on the platform of the professional entertainer give a very false idea of the essential condition. For instance, only about fifteen per cent of hypnotized subjects are so deep in hypnosis that on returning to the normal state they can not remember what they have been doing. Loss of memory, therefore, is not an essential of hypnosis. To illustrate the various phases, we may refer to a classification by Bernheim, which, although very unsatisfactory from a scientific point of view, is useful, since it may give you some idea of the many and various conditions comprised under the term hypnosis.

He suggests no less than nine divisions:

I. Drowsiness. Suggestions of local warmth are effective.

II. Drowsiness with inability to open the eyes.

III. Suggestive catalepsy slightly present.

IV. Suggestive catalepsy more pronounced.

V. Suggestive contractures may be induced.

VI. Automatic obedience.

VII. Loss of memory on waking. Hallucinations not possible.

VIII. Loss of memory. Slight possibility of producing hallucinations, but not post-hypnotically.

IX. Loss of memory. Hypnotic and post-hypnotic hallucinations possible.

With regard to the persons who are likely to make good subjects, the prevalent ideas on this matter are curiously wrong. As a matter of fact, hysterical women are difficult to hypnotize, and, as a rule, no person differing from the normal condition is likely to be an easy subject. The persons giving, in my experience, the most trouble, are the brilliant neurotic and the stupid boor, and both of them for the same reason—excessive self-consciousness—which interferes greatly, as you will readily understand, with the stage of *passivity* already referred to.

In France, Liébeault hypnotized 958 out of 1012; in Sweden, Wellenstrand hypnotized 701 out of 718; and in Holland, Van Renterghen hypnotized 169 out of 178. In my own cases, from January, 1892, to December, 1896, I hypnotized 91.5 per cent. These cases were taken from all conditions of people. In the cases selected from the members of the University of Oxford the percentage was 95.84. In fifty first hypnoses of poor people the average time taken was six minutes ten seconds; in fifty first hypnoses of Oxford under-graduates the

average time was four minutes forty seconds. Both from the point of view of percentage and from analysis of cases it is evident that abnormality of mental condition is not likely to be favorable to the induction of hypnosis.

In order to arrive at the physiological alteration, let us compare the course of the reaction of a stimulus in the normal state with the reaction in hypnosis. Let us suggest that the left arm is stiff to a normal person; the stimulus is dissipated in perception, apperception, ideation, and motor reactions. In the hypnotic condition the stimulus, instead of being dissipated amongst an indefinite number of neuronic groups, is confined to the functions of simple perception and motor development; the other groups which were acting in the normal person are here inhibited. Let us, then, represent the stimulus by five; in the hypnotic state the five is confined to, and therefore dissipated in, one department of conscious activity. In the normal state the five is dissipated in various directions, and assuming that there are at least twice as many neuronic groups in conscious action as there are in hypnosis, we may safely divide the five by two to represent the share of any one function; but, further, the other two and one-half would be dissipated, not in assisting the execution of the suggestion, but in its consideration, and, consequently, in the retardation and prevention of any execution. Hence, taking this as an example, in hypnosis we have a force represented by five acting unrestrained; in normal conditions, with the same stimulus, there is a force of two and one-half opposed by a force of two and one-half.

In hypnosis, therefore, the course of the stimulus is shut off from the higher centers, and acts with greatly increased force on the lower centers. The importance of experiment and observation in the field here laid open is a very wide one, and to-night I can do no more than put before you briefly one of the results of work in this direction. The term reflex must soon belong to past history in physiology. It is becoming more and more apparent that the functions of the nervous system are to be regarded as essentially the same, whether they belong to the upper or lower segment, and with regard to this gradual change of view, the following classification of nervous action may be of interest:

1. Acts, constant, unmodified by reason of special adaptation to altered environment. *Inaptic.*

2. Acts, accompanied by adaptation to altered environment, purposive; unassociated with a conscious process. *Aptic.*

3. Acts, associated with a conscious process.

The phenomena of hypnosis are so various that it would be quite impossible to attempt their enumeration this evening. They are dealt with by various writers, and I must confine myself to one or two points.

The physical change when hypnosis is induced is one worth mentioning, and the following table of pulsation and respiration is interesting:

Sex.	Age.	Five minutes before hypnosis.		During induction of hypnosis.		In hypnosis.	
		Pulse.	Res.	Pulse.	Res.	Pulse.	Res.
F.	18	120	24	110	24	84	20
M.	35	72	16	70	16	66	16
M.	21	84	20	110	25	70	18
F.	60	72	18	80	20	66	16

From this table you will notice that the pulse and respiration are both slower, and on examination you would find the pulse stronger and the respirations deeper. The hemic murmurs of anemia in some cases show a tendency to diminish or disappear in hypnosis; whilst the mitral systolic, aortic diastolic and other murmurs of endo-carditic origin, appear usually to be unaffected. The mitral presystolic is certainly sometimes affected by hypnosis. In one case under my observation it regularly disappeared in hypnosis, and on careful auscultation one could hear the gradual diminution; it generally took about three minutes to disappear entirely; but for the last two minutes it could hardly have been recognized had it not been previously heard. In another case a presystolic murmur developed in hypnosis; this murmur, however, was not new, as the subject had had it for two years previously, if not longer; in subsequent hypnosis its appearance was typically

irregular; on more than one occasion it was present in the normal state immediately before hypnosis, and disappeared in hypnosis. The hemic murmurs of anemia are, however, frequent in their disappearance, though in a good many cases of this class they may remain unaltered. In a case recently under observation, a girl, aged twenty-three, had a marked systolic murmur, heard at the apex and the base, and in both subclavian arteries, with the venous hum well developed. After the subject had been in hypnosis for five minutes, the venous hum had almost disappeared, and the murmur at the apex and in the subclavian arteries was absent; at the base it was still heard, though much diminished.

An alteration in the blood pressure is, therefore, not uncommon in hypnosis. The hypnotic subject will not attribute any action he performs to the suggestion of hypnosis. I suggested to a subject that, on returning to the normal, he would not be able to relax his grasp of a ruler which he held in his hand. He maintained a tight grip of the ruler, and refused to give it up, yet he protested that he was quite able to do so if he wished to. This interesting condition is sometimes termed the *illusion* of *resistance*. Again, it was suggested to a boy in hypnosis that he would not be able to utter the word "Mary." On waking him the following dialogue ensued:

Now, will you please repeat this sentence, "Mary had a little lamb?"

Subject: "*She* had a little lamb."

No, I said, "*Mary* had a little lamb."

Subject: "*She* had a little lamb."

Please repeat the sentence as I quoted it.

Subject (after a pause): "*Polly* had a little lamb."

Will you be so good as to say, "Mary had a little lamb?"

Subject (indignantly): "Well, I *told* you she had a little lamb."

This feature of hypnosis is an important one, since you will be justified in doubting the veracity of any person who tells you that any act was committed by him under hypnotic suggestion. Indeed, this is a statement that would not be made by one who had in fact carried out a post-hypnotic suggestion. A number of cases of alleged criminal assault on women have occurred in which the woman has made some statement to the effect that she was powerless to resist in consequence of the induction of hypnosis. Such a statement is, indeed, enough for you to form a definite opinion that she lies.

[Written for the MEDICAL BRIEF.]

A Remarkable Case of Superfetation.

BY JOHN P. NICHOLSON, M. D.,
Medical Examiner for Life Insurance Company of Virginia.
Salem, N. C.

On the evening of February 21, 1900, I was called to see Mrs. J., age forty-one, multipara, the mother of nine children. Found her suffering greatly with severe pains in pelvic region, in nowise expulsive. It was plain that labor would soon set in. Examination revealed an abnormal state of affairs. The os was partly dilated, the waters had escaped, and I feared I had to deal with a cross presentation. After several hours, true labor pains came on, and with some difficulty I removed a fetus, apparently three months old. It was seemingly healthy, not at all offensive. This occurred about three A. M., February 22d. At eleven A. M., after an entirely normal labor, my patient gave birth to a well developed living child, weighing eleven pounds.

There was one large, and a separate small placenta. Superfetation, or the possibility of impregnating a female already pregnant (except at a very early period), is generally denied. In this instance we have an apparent impregnation after six months. During an experience of forty years I have not encountered or known of a similar case.

If any other physician has ever had a similar case I would be glad to hear from him through the BRIEF in regard to same.

Boils and Pimples.

Dr. Jno. L. Tyler, Wadena, Ind., says: I used Ecthol with success in cases of boils and pimply eruptions.

[Written for the MEDICAL BRIEF.]

Menstruation.

BY BYRON ROBINSON, B. S., M. D.,
Professor Gynecology in the Chicago Post Graduate School of Gynecology and Abdominal Surgery.
Chicago, Ill.

(Continued from page 367.)

Dysmenorrhea from mechanical causes as atresia, rests on maldevelopment, and is very rare. Blood accumulated in the cavity of the genitals and the attempts of the monthly uterine contractions to expel the pent-up contents cause severe pain. Extremely rare is it to observe sufficient narrowing, by kink, or otherwise uterine lume, to obstruct the flow of blood. It may be well to remember that dysmenorrhea frequently rests on a congenital defect first detected by defective or painful menstrual functions. Frequently the congestion of menstruation incites the uterus to grow, and a gestation often develops the uterus and oviducts sufficient to cure the dysmenorrhea. The stimulation of long, hot douches (thirty quarts), partially accomplishes the effect of a gestation. The characteristic of pain in dysmenorrhea is rhythmical and like uterine colic, which resembles labor. If dysmenorrhea arises at the first menstruation, hypoplasia ((*i. e.*, defective uterine development) generally exists. Acquired dysmenorrhea generally rests on inflammatory processes of the genitals or on hyperesthesia of the genitals. Dysmenorrhea may rest on any diseased part of the pelvic tissue subject to congestion. The inflamed portion may be the endometrium, myometrium, endo-salpinx, myo-salpinx, or any of the pelvic muscularis serosa or subserosium. The ovary is, perhaps, seldom the seat of dysmenorrhea, yet thickened inflammatory ovarian processes are quite influential over the uterus. A small growing ovarian tumor, or an ovarian tumor rotated on its pedide, may produce profuse uterine hemorrhage and much pain. The thickened inflammatory process distorts the tissues by cicatrization and contraction, resulting in compromised blood supply and vascular pressure distention (pain) in menstrual congestion. Congestion induces pain through vascular pressure distention, traumatizing the nerve periphery. Anemia causes pain by traumatizing the nerve periphery through muscular contraction (*e. g.*, colic). As the uterus (and oviducts) should be considered the menstrual organ, dysmenorrhea may be sought for in endometritis and myometritis. Should the dysmenorrhea be of ovarian origin, it will be more continuous and less rhythmical. It is of a boring, aching character in the ovary. Dysmenorrhea of the oviducts is of a rhythmical, colicky character, like that of the uterus.

Nervous Dysmenorrhea.—There is a kind of dysmenorrhea which presents no anatomical base, not even hyperesthesia. It occurs chiefly in a woman with apparently defective nervous system. A subject who naturally possesses great nervous irritability, when put under the strain of menstruation, may be thrown off the normal balance and present marked abnormal nervous symptoms. Irritation of the nasal mucosa (an odor) may be sufficient to precipitate similar conditions as nervous dysmenorrhea. Cocainizing the nasal mucosa during the state of nervous dysmenorrhea may check it.

General Views of Dysmenorrhea.—There are symptoms of dysmenorrhea which lie outside of the genitals. One of the most frequent accompaniments of dysmenorrhea is headache of the hemicrania, diffuse or nervous variety. This is frequently treated symptomatically by caffein, bromide and phenacetin. The dysmenorrheal subject while under the strain of the pain becomes frequently the subject of hysteria with all its stigmata. The lowering of vitality, the unbalancing of the nerve poise during the dysmenorrheal pain, entices the development of hysteria, which of itself is outside the genitals. The hysteric stigmata may all appear as (*a*) the cessation (paralysis) or exacerbation (cramp) of a muscle, as spasm of the glottis, singulus tussus uterina, contraction of certain groups of muscles, (ocular) and joints become rigid. The muscles may show paralysis (*b*) A menstrual psychosis may develop, unconsciousness may exist and peculiar mental traits be manifest. (*c*) The conjunctive bulbi may be anesthetic as well

as the throat mucosa. (*d*) The skin may show hyperesthesia or anesthesia. In dysmenorrhea the stomach may be painful, suffer nausea or vomit. The liver may be the seat of pain, enlargement or icterus develop. The lungs possessing tubercula ulcers may bleed. Cardiac disturbances arise. The symptoms of nephroptosis are intensified.

Inter-menstrual pain is pain which occurs midway between the menstrual flow; its cause is not known. Some note it as incongruence between ovulation and menstruation, others as endometritis, and still others as hydrops of the oviducts emptying themselves. Intermenstrual pain is not probably due to endometritis, peri-uterine inflammation. It might be considered as an irritation, or doubling of menstruation, or an attempt at a menstruation every two weeks. It is liable to arise in subjects possessing abnormal menstruation. Blood and mucous may flow from the genitals, the breasts swell with tenderness, diarrhea occurs and the genitals become congested. It arises in subjects of considerable nervous tension, and may be due to increased irritation of the genitals due to disease, or of the general nervous system. Such subjects may be treated by rest, the bromides, hot vaginal injections, energetic salt rubs, cathartics and electricity. Sounding, dilatation, currettement, discission, are also means employed, but are of limited utility and are apt to be followed by infection. If the non-development exists to a palpable degree, remedies to develop are generally not only useless but endanger the organs to infection. The patient generally travels from one physician to another until she becomes infected through the treatment, and eventually submits to an operation which should consist not in ovarian extirpation but in the removal of the uterus and oviducts, the menstrual organ.

The treatment of dysmenorrhea must rest on the removal of the cause. In hypoplasia or non-development, the local and general remedies must point to the development of the genitals. Sexual practice acts favorably on non-developed organs as well as massage. Electricity is a vigorous remedy, but it is liable to be followed by infection and pyosalpinx.

Relation of Menstruation to Other Organs.—Existing eye disease is sometimes exacerbated in the premenstrual and intermenstrual period.

Vicarious bleeding may occur from the ear. An existing ear disease may be exacerbated especially during the congestion of the premenstrual and menstrual period. In middle ear disease with granulations, oozing may occur.

The nasal mucosa may present vicarious or supplementary hemorrhage known as epistaxis. The epistaxis may accompany the menstruation or vicariously displace it. A local diseased patch in the nasal mucosa may be the chief source of the epistaxis. It is common to observe epistaxis in boys at puberty.

The skin shows abnormal conditions under the influence of menstruation as the so-called menstrual exanthema, which are more pronounced in menstrual anomalies, as in amenorrhea, scanty menstruation or dysmenorrhea. The exanthemata depend on the nervous system, and in severe menstrual neurosis are more prominent. The skin eruptions are more pronounced in the premenstrual period. The eruptions are pronounced on the trigeminus nerve, and may be found on the anus, lower limbs; besides, peristalsis may arise. The skin may show edema, especially along the branches of nerve trunks. Abnormal secretions of the skin may arise, perhaps irritating lower anima life. The strong odor of menstrual blood is due to mixing with secretions of the glands of the vulva. The glands of the axilla emit odor. Ecchymosis may occur, and oozing from granular surface of the skin (vicarious). Dark colored patches of skin, as under the eyes, show venous congestion. The lighter forms of skin eruptions frequently occur, while the severe forms rarely occur.

The digestive tract may manifest disturbances in the papillæ of the tongue, in toothache, loss of appetite, in vicarious hemorrhage from some portion of the *tractus intestinalis*, especially from the stomach in vomiting; diarrhea may arise and hemorrhoids swell with vicarious bleeding.

The liver may become congested in menstruation and icterus arise, especially in the premenstrual time. The liver

disturbance may arise with normal or abnormal periods. The cause of the icterus is due to swelling of the mucosa in the gall ducts. Gall stone colic is apt to be initiated under the exciting strain of menstruation.

The respiration may show some disturbance in menstruation as spasm of the glottis; the muscular contractions are similar to those observed in other muscles or groups of muscles during chiefly the abnormal menstruation.

The larynx may become congested and edematous, producing hoarseness and disturbed respiration rhythm. The lungs may manifest disturbance by hemoptusis as vicarious or supplementary menstruation, especially in dysmenorrhea and amenorrhea. An existing pulmonary tuberculosis is frequently exacerbated by the premenstrual congestion. The blood could be diverted from the lungs in the premenstrual period by a cathartic (mild chloride) and brisk skin rubbing with salt water.

The circulation offers few changes during abnormal menstruation. Congestion and anemia tell the chief story. To be sure the spiral segment of the utero-ovarian vascular circle becomes intensely congested, dilated and straightened out, as well as angioma, varicose veins and the thyroid veins. Palpitation may be prominent at the period, especially in the chlorotic and anemic. General headache from congestion and local headache from anemia, inducing local spasms of blood-vessels, may exist, especially in dysmenorrhea, amenorrhea and scanty menstruation.

The urinary organs share directly in menstruation, and may become considerably affected in disordered menstruation. In dysmenorrhea the pain in the lumbar region is frequently severe and long-continued in the premenstrual time. No doubt congestion of the kidneys accounts for considerable of it. However, the most probable explanation of the lumbar pain is uterine contraction, which is felt in the lumbar region. However, since movable kidney, nephroptosis, is so frequent (seventy-five per cent multipara), and congestion being more intense in prolapsed organs, we may expect that congestions of the kidneys in disordered menstruation is the cause of much lumbar pain. A curious fact exists that few reports show distinct exacerbation of an existing albuminuria subsequent to the menstrual period. The bladder frequently shows disturbance from the menstrual congestion by increased frequency in micturition. An existing cystitis is sometimes exacerbated. Vicarious bladder hemorrhage is rare. Blood from vesico-vaginal fistula during menstruation has nothing to do with the vesical mucosa, but is vicarious, and issues from the granulations of the fistula.

(To be continued.)

Chloroform.

For giving chloroform, nothing compares with a two-ounce bottle, with glass stopper, a notch being in the stopper and neck of bottle; so that, when placed opposite each other, a drop at a time will escape. Patent droppers are hard to regulate, and often allow too much anesthetic to escape at one time. The inhaler should be a common wire mask, covered with one thickness of old linen, made from old table-cloths or napkins, or two thicknesses of cotton gauze. Linen, being more absorbent than cotton, allows the mask to become wet; on this account the cotton is to be preferred. A fresh one should be used each time, or the old one sterlized. One should not trust the task of giving an anesthetic to a student, nurse, or some physician who is unfamiliar with its administration. The anesthetizer should be cool, thoughtful, and, above all, should have experience; one who appreciates the great responsibility that rests with him, giving his undivided attention to the anesthesia, and not devoting almost his whole attention to the operation. Having cleansed his hands, he should don a sterilized suit and cap. After operation he should see that the patient is properly placed in bed, and watch his condition until he regains consciousness.—F. W. McGuire, in *Buffalo Med. Jour.*

Symptomatic Insomnia.

Dr. Gillaume Chaumont, Haute Marne, France, has had great service from Bromidia in the symptomatic insomnias attending various chronic affections.

[Written for the MEDICAL BRIEF.]

Surgical Applied Anatomy of the Rectum.

BY THOS. CHAS. MARTIN, M. D.,

Lecturer on Diseases of the Rectum in the Cleveland College of Physicians and Surgeons, Member of the American Medical Association, etc.
Cleveland, O.

One hundred cases of stricture of the rectum reported by the Allingham's are designated as situated at such a number of "inches from the anus" or such a number of "inches up." For example: "Case number thirty-four, age thirty-seven years, female, constitutional syphilis, stricture one-half inch from the anus; case number thirty-six, age thirteen years, female, no constitutional disease, stricture about two inches up; case number forty-one, age twenty-seven years, female, no constitutional disease, stricture annular, three inches up; case number fifty, age thirty years, female, constitutional syphilis, stricture high up; case number sixty, age forty-seven years, no constitutional disease, stricture only to be felt."*

Mensural methods of designating the situation of strictures in the rectum are of no surgical value. In the same subject the length of the fixed rectum is variable with a state of activity or passivity, and in a state of activity there are variations in its length of at least one inch (2.54 centimeters) between a contracted uplifted pelvic floor, and that of a depressed floor with anal eversion; both of which conditions may rapidly follow one upon the other, while the examiner's finger is engaged in diagnosis. Again, variations in depth of the fixed rectum are quite noticeably regulated by the size of the finger introduced. The thumb may find a fixed rectum of two inches (5.08 centimeters) in depth, while the little finger discovers it but a little more than an inch (2.54 centimeters).

The pelvic floor in the infant is about one-half inch (1.27 centimeters) in depth. The depth of the pelvic floor in the adult from the lower border of the relaxed external sphincter ani muscle to the levator ani muscle is extremely variable. In the aged male, because of senile enlargement of the prostate, the fixed rectum may be three inches (7.62 centimeters) in depth. In the aged female, because of senile atrophy of the generative organs and contiguous structures, the pelvic floor may be even less than an inch (2.54 centimeters) in depth. In the adipose and in the emaciated subjects, because of the character of the tissues occupying the ischio-rectal fossa, there are great variations in the depth of the pelvic floor; hence, it is obvious that the palpable landmarks of the fixed rectum are situated at variable positions in the different sexes, and that the length of the fixed rectum is changed in the same person at different periods of life and in differing conditions of flesh.

The rectal valve constitutes the chief topographic feature of the movable abdominal rectum. Its histologic character qualifies it the typical anatomic valve. The attached border of each valve spans a little more than half the circumference of the rectum, and its free border projects half across the diameter of the inflated rectum. Thus, what has been heretofore considered as a cavernous ampulla is seen to be divided into several chambers. There are as many chambers in the rectum as there are rectal valves. The number of rectal valves is variable. Some subjects have but two, others have four, but ninety per cent of persons possess three. The uppermost valve is invariably situated at the juncture of the rectum and the sigmoid flexure, which valve is invariably situated on the left, the next lower is on the right wall, and the lowermost is on the left. The positions of the lower two valves are sometimes anterior and posterior. It must be readily seen that the new methods of rectal inflation for rectal inspection, which have determined our newer ideas of the topography of this part, justifies that the lowermost chamber be considered the first rectal chamber; the cavernous area beyond the first valve and below the second should be called the second chamber; and the upper chamber the third, and perhaps fourth, according to

*Allingham, Diseases of the Rectum, page 261.

the number of valves. The ancient arbitrary division of the rectum by the anatomists into upper first, middle second and lower third parts should be abandoned. As the arrangement of the fibres of the muscular coats of the abdominal rectum and the attachments of the abdominal rectum provide for extension and contraction of the gut on its axis, as well as expansion of the diameter of the organ, it is obvious that there must be a great variation in the distance of any valve from the levator ani with the variable normal states of the organ. The normal range of movement upward and downward of a given valve is from two to three inches (5.08 to 7.62 centimeters).

1. In treating lesions on a level with the sphincter muscles the operator should never divide these structures through the anterior quadrant. In the male the external sphincter terminates in the tendinous raphe in common with the transversus perinei. Contraction of the transversus perinei will separate the divided fibres of the external sphincter, and defeat the desired subsequent union of this muscle. If an incision be carried forward, or forward and laterally into the transversus perinei, the perineal fascia, which doubles over this muscle, will be opened, and the perineum and peri-urethral structures will be made accessible to extension of suppuration, or other disease of the anus and ischiorectal tissues. In the female an incision carried forward through the anterior quadrant would be unsurgical, because the peculiar arrangement of the fibres of the external sphincter ani and sphincter vagina, and their relation with the transversus perinei would perhaps conspire to produce vulvo-anal or rectovaginal fistula.

2. A stricture located at the upper end of the fixed rectum and situated in the layer of the anal fascia, in the pelvic fascia, or in the fibres of the levator ani muscle, should not be cut in the anterior quadrant, nor in the posterior quadrant, but in one or the other, or both, lateral quadrants. An incision through the anterior quadrant on the plane of the levator ani muscle would divide none of its fibres, because there are none there, and would endanger the urinary organs, and the vagina in the male and female respectively. An incision made into the posterior quadrant on this level would fail to increase the diameter of the rectum for the reason that contraction of the fibres of the levator ani would hold in coaptation the lips of the wound in such a manner as to early re-establish the stricture. A skilfully made incision in the lateral quadrants in this region will not endanger the peritoneum. A possible hemorrhage will be readily controlled. And because of the direction of the fibres of the muscle a short lateral incision will effectually increase the diameter of the part.

3. The rectal valve must be reckoned with in studying the structures of the movable abdominal rectum. Linear posterior proctotomy, because of the relation of the peritoneum to the posterior wall of the lower part of the movable rectum, is made eminently safe, and will be efficacious in some instances. Semilunar (annular) strictures located at any other point of the circumference of the movable rectum, and which are built on the foundations supplied by the rectal valves, may be safely cut through to the depth of a quarter of an inch (0.63 centimeter), provided the surgeon be equipped with the proper instruments, and provided the rectum be maintained in a state of atmospheric inflation at the time of the operation.

The writer's studies of the topography of the human rectum employed more than fifty autopsies on subjects of all ages, and physical examinations of several hundred living persons, and the facts which are set forth above justify the inference, he believes, that none but the topographic designation of the precise situation of the rectal lesion is of reliable surgical significance.

Soothing to Mucous Membranes.

Dr. W. S. Scott, Ætna, Tenn., says: Whenever I wish to soothe the mucous membrane, S. H. Kennedy's Extract of Pinus Canadensis is my agent. It is better than any other remedy to which I resort in the treatment of endometritis, os uteri ulceration, leucorrhea and gonorrhea.

[Written for the MEDICAL BRIEF.]

On Radical or Tentative Treatment of Piles.

BY THOMAS H. MANLEY, M. D.,
Visiting Surgeon to Harlem Hospital, New York.

Before we contemplate methods to be adopted for the cure of a lesion, it is imperative at the outset that we possess a correct understanding of the pathological processes in operation; in hemorrhoids, for example, whether or not they depend on constitutional conditions, of which they are but a local expression; whether or not they depend on transient physiological or functional states, or, finally, on organic structural changes, in the thrombosed varices; nor shall we overlook the fact that one may believe he has only "piles," while above them is a cancerous or syphilitic stricture, a prostatic abscess or a tumor.

OUR REMEDIAL RESOURCES NOW AS CONTRASTED WITH FORMER TIMES.

It is also desirable that we bear in mind, when we reflect on the therapeutic aspect of the question, that our resources now for safely and painlessly dealing with hemorrhoids are comparatively infinite when contrasted with former times.

The local analgesics, aseptic materials and improved instrumentation render prompt and effective relief quite as certain as many of the older, more mutilating methods of treatment, which always require the employment of ether or chloroform, something which many have so great a dread of that they would rather bear the distress of the local trouble than be anesthetized.

There is no question but if one seeks the shortest route to recovery who has troublesome hemorrhoids of any type, and is ready to take the risks of full narcosis, the keen-edged scalpel, the clamps or cautery, one or all combined should be the resource.

If, on the contrary, great haste is not important, if one have an antipathy to anesthetics, or suffers from any nervous, heart or kidney trouble, palliative measures, judiciously instituted, will enable us to first effectively secure a permanent cure as the more radical and hazardous means of surgical intervention.

Our first attention must be directed to the general condition, the portal circulation, the state of the liver and the digestive organs. If there be a tendency to constipation, or coprostasis, we will do well to give the colon a complete cleaning, by an irrigation with well soaped water of a temperature of at least 120° F.; combined with this should be digital exploration of the rectum, with a view of displacing any masses of impacted fecal material which may remain behind.

This simple procedure, preceded by a mercurial cathartic, will often dispel an exacerbation of hemorrhoidal stasis and restore ease and comfort without any further treatment.

BLEEDING AND ITCHING PILES.

The above types of hemorrhoids are those which most frequently give distress, and call for definite measures of treatment to suppress the waste of blood and annul the misery occasioned by an increasing pruritus.

These are the cases which must go to the operating table or be taken in hand by office treatment.

When the latter is chosen, in order to secure the full confidence of the patient and effect the best results, our treatment must be *painless*.

Having given the patient a moderate clyster and cleared the rectum, we turn to the local anesthetics, and among the first should be placed phenic acid, a substance which, when employed with care on inflamed mucous membranes, powerfully annuls sensation; or we may use cocaine or eucaine solutions.

The patient having forced the tumors through the lower sphincter, they are carefully swabbed clean and dry, when an analgesic is applied. Sometimes, when we wish to divide the mucous membrane and squeeze out semi-organized thrombi, or cauterize small ulcerative patches at the base of or between the tumors, the spray of the chloride of ethyl answers admirably in suppressing all painful sensation.

The piles in view and readily accessible for amputation, we are free to subject them to destruction by torsion-tension,

compression, to injection, to ligation, to excision, to the cautery, or such procedure as each individual case suggests.

AFTER-TREATMENT AND REPETITION.

After each office treatment we shall always press all the protruding masses up inside the sphincter, introduce an opium suppository, and apply a firm supporting pad over the anus.

Usually this treatment will require renewal for six or eight times, more especially if ulceration complicates the hemorrhoids, though not infrequently, but two or three calls will suffice.

Thereafter the bowels must be kept regular and constipation avoided.

[Written for the MEDICAL BRIEF.]

Inflammatory Erysipelas.

BY SOL. WILLIAMS, M. D.,
Cove, Texas.

The BRIEF is about the best journal I have ever read. It is a text book for the busy practitioner. The doctors that contribute to its columns are busy men, and they give us brief and short articles which come to the point.

Some time in '98 or '99 I read in the BRIEF where some doctor (I have forgotten his name) used sweet spirits of nitre for poison ivy. He remarked that it would cure while you were rubbing it on. I had little faith in it at the time I read the article, but not long afterward a man came to me with an arm poisoned by rhus. The arm was swelled and very painful. I thought I would try the sweet spirits of nitre. To my surprise and his delight, it gave immediate relief. I gave him a two-ounce vial of the nitrous ether, and in two days he was well. Since then I have tried it in two more cases, with the same result.

About a week ago I was called to see a lady about fifty-four years old, who was suffering from a severe case of erysipelas of the face. I gave her the usual treatment: Muriated tincture of iron, iodine and zinc lotions, but next day was called again. Patient no better, but getting worse, the inflammation spreading, one eye closed, and the affected parts very painful. I began to study, and I thought of the Doctor's article on rhus poisoning, and the good results I had had with the drug. So I began to bathe the face with the nitrous ether, and again, to my surprise, it gave immediate relief. I followed this treatment for one day and night only, wetting the affected parts every two to four hours, and there was no more pain after the first application. The swelling began to go down, and the patient recovered splendidly.

Will some of the BRIEF family try the drug the first opportunity and report results? Perhaps there are others who knew this, but I did not. I claim no discovery. I got my idea by reading the Doctor's article on ivy poisoning in the columns of the MEDICAL BRIEF. Please do not jump on me rough-shod, doctors, for telling what I have learned by reading the BRIEF, and if this article does not get into the waste basket, I may tell you, sometime in the future, how I manage my labor cases.

Rectal Irrigation in Gynecology.

Hyde (*Amer. Gyn. and Obstet. Jour.*) mentions a number of cases exemplifying the value of rectal irrigation. Prolonged douching lessens the normal vaginal acidity, which is avoided by rectal irrigation, which is also of value as a substitute for vaginal douches in young girls, except where the vaginal douche is necessary for purposes of cleanliness. It has proved very satisfactory in acute and chronic ovarian and tubal lesions, except possibly pyosalpinx, and in obstinate intestinal paralysis with sepsis after operation, repeated enemas and the free use of cathartics failed and recovery was doubtful. Six gallons of water at 115° F., injected into the rectum, made the intestines respond slightly after the second gallon, and strongly during the remainder of the injection. Large quantities of gas were evacuated, the patient became restless, and the pulse and temperature fell. Recovery was prompt. The dull, aching pain and distress in the pelvis, and slight tympanitis, sometimes following some pelvic operations, may be relieved by rectal irrigation, which is also useful in intestinal colic, and may be relieved in the same way.

[Written for the MEDICAL BRIEF.]

Some Intractable Cases of Genito-Urinary Diseases.

BY J. W. P. SMITHWICK, M. D.,
La Grange, N. C.

It is in this line of practice that we meet with some of our hardest cases, those which give us the most difficulty in their treatment, and yield the least result. It is not an unusual occurrence to find a patient who says that he has tried every doctor that he can reach, and used all the patent nostrums that he could secure, none of which had given him any relief.

Almost all known drugs have been tried, either by themselves or in various combinations, and it seems that none of them can be relied upon to any great extent. Recently I have treated some very stubborn cases, which, according to history given, had resisted all other remedies, and which resisted all the drugs I used until I began the administration of Sanmetto, a combination of santal and saw palmetto. To illustrate the cases and the benefit derived from the administration of this preparation, I relate the clinical histories of several of the cases treated, as follows:

Case 1.—O. W., age sixty-two years. Had been troubled with enlargement of the prostate gland for about ten years, but of late it had grown much worse, so that he was compelled to use a catheter at all times for the purpose of voiding the urine. He applied for treatment. I made a thorough examination and ascertained that enlarged prostate was certainly the cause of the trouble. I prescribed the fluid extract of saw palmetto, which he took regularly for two weeks. At the end of that time the soreness did not trouble so much, but he could come no nearer voiding the urine voluntarily than before. Its administration was kept up for two weeks longer, but there was no improvement. I then prescribed Sanmetto, in teaspoonful doses four times daily, and at the end of one week there was noticeable improvement. The remedy was continued, and at the end of the second week of its administration he could void the urine without the assistance of a catheter. At that time I made another examination, and found the size of the prostate much decreased, and all the tenderness had disappeared. He continued taking the preparation for two weeks more, and at the end of that time stated that he felt about as well as he did before the trouble began. He has since had no trouble whatever.

Case 2.—A. L., age forty-five years. This was a case of chronic cystitis of twelve years' duration. The urine was turbid, and there was some pain and uneasiness in the region of the bladder at all times. Stated that he had been treated by the best physicians he could consult, that his bladder had been washed out numbers and numbers of times, but none of the treatment had ever benefited him more than giving temporary relief. I hardly knew what to try, but thought of Sanmetto, and accordingly prescribed it as ordinarily administered. The urine cleared up after only a few days' administration, and the uneasiness and pain ceased after one week's taking of the preparation. It was continued for four weeks, with the final result that he was entirely cured. It has now been four months since he stopped the medicine, and he says that he feels perfectly well.

Case 3.—M. G., age three and a half years. Had been troubled with wetting the bed all his life. His organs were perfectly normal. I tried all the drugs usually recommended for such an affliction, but none of them gave more than temporary relief. Belladonna was pushed to the physiological endurance, with the result that at the time of its administration the trouble would abate, but as soon as it was discontinued the trouble would assume all the characteristics as were manifested before its administration. I advised the use of Sanmetto in twenty-drop doses, four times daily. In two weeks' time the trouble was entirely under control, and has since remained so. The medicine was continued for four weeks. Since this case I have treated several more with equally good results in all of them.

Case 4.—M. W. This was a colored man sixty-five years of age, who complained of impotency. Upon inquiry I found that he had lost all virile power.

His organs were perfectly normal, and it was evident that he was suffering from senile decay. However, I determined to try Sanmetto, and prescribed it in doses of a teaspoonful four times a day, and directed him to report at the end of a week. He did so, coming one day ahead of time, and informed me that his powers had returned to him. This old man was highly pleased with the results, and has since sent me several patients in token of his gratitude.

Case 5.—M. S., age twenty-two years. This was a case of chronic urethritis of more than a year's standing. He was treated by the ordinary methods in vogue, but there were several relapses, and the final outcome was a termination in the chronic form. There was no great deal of trouble, except the meatus would be stuck together every morning with a thin, glairy white matter, and the fact of knowing that he was not well seemed to trouble him a great deal more than the disease itself possibly could at that stage. I used several drugs and combinations in its treatment, but none of them seemed to give the desired relief, and finally I decided to try Sanmetto. I advised him to take it in teaspoonful doses four times a day, and to report at the end of one week. He did so, and stated that after taking the medicine two days the trouble disappeared entirely, and had not been noticed since. Having had such favorable results in this case, I have used it in numerous similar cases since, and have always had good results to attend its use. In treating acute cases of specific urethritis, it is my custom, after the most acute symptoms have subsided, to prescribe Sanmetto, and I find that my patients invariably do better upon it. The recovery is more rapid, and I have noticed that there is not such a great tendency to complications and toward the chronic form of the disease, and I seldom have relapses.

Case 6.—Mrs. H. Had had painful urination, accompanied with smarting and burning sensations since the birth of her last child, which was now nearly a year old. A thorough examination of the organs showed that they were all intact, but the meatus was swollen and slightly tender. The urine was slightly turbid and very acid in reaction. I prescribed Sanmetto in the usual dose four times daily. In one week she was entirely relieved, and has since remained perfectly well, experiencing no inconvenience in that respect whatever.

Case 7.—J. A. W., age thirty-four. A case of pre-senility, caused from abuse in early manhood. The parts were normal, with the exception of their size, which was rather small, though he informed me that they had shrunk somewhat during the last two or three years, he thought. Stated that it was very seldom he had an erection, and very often that was only imperfect. Had suffered one attack of gonorrhea, but there were no remains of it when he applied for treatment. I used phosphorus and damiana for about a month, but there was no improvement, and the medicine was stopped. I then prescribed Sanmetto, a teaspoonful four times a day, and he had been taking it only three days when he had a strong erection, and was enabled to copulate perfectly. I enjoined upon him the necessity of being continent, and he continued the use of Sanmetto, with good results.

A Saline Laxative.

It is said that in the treatment of phthisis, the practitioner will often find that his patient, by some indiscretion in diet, will have a very high temperature, which is very difficult to control. If he will clear the bowels with a saline laxative, he will find a decided improvement in this respect. The Abbey's Effervescent Salt, now being introduced by the Abbey Effervescent Salt Company, 9–15 Murray street, New York City, will be found to be an elegant and reliable saline laxative.

Blood-Poisoning from Torpid Liver.

Dr. C. M. Lindley, Brooklyn, Ind., says: In all cases of disease caused by torpidity of the liver, and as a liver stimulant in chronic troubles, and in extreme constipation of the bowels, there is nothing superior to Chionia, in my judgment. The main thing is to continue its use until you get the results you wish.

[Written for the MEDICAL BRIEF.]

Quantitative Urine Tests.

BY J. BARKER SMITH, L. R. C. P., LOND., Author of "Quantitative Estimation of Urine," London.

(Continued from page 218.)

"Centim" is used for cubic centimeter.

5. URATES.—One gram of potassium permanganate is dissolved in 100 centims of distilled water. Such one per cent solution may be kept unaltered.

One centim of the one per cent solution is mixed with some water, about six centims of dilute sulphuric acid (about ten drops of the strong) added, and the whole is made up with pure water to 100 centims. Such a solution is alterable, and must be made almost daily. Fifty centims of the acid permanganate constitute a *Norme*, used *invariably* for *recording*. Ten centims contain a *Subnorme*, used almost invariably for all *experiments*. It is also quite practicable to use a tenth norme of five centims.

Method.—Measure a subnorme into a two-ounce flask. Fill a ten or five centim pipette with the solution to be oxidized. Take the flask between the finger and thumb of the left hand and the pipette in the right hand. Shake the flask gently and continuously, whilst the solution from the pipette is delivered *regularly* in running drops, until the last trace of pink shall have disappeared and the contents of the flask become as limpid as water. The experiment ought not to occupy more than thirty seconds, and should be practiced until we are able to repeat experiments exactly, to a drop or two. Milk is a very convenient article to use for practice.

So far is explained my *simple method* of using acid permanganate for nearly a thousand *oxidizables* in solution. Some of these are constituents of urine, notably the urates. Weigh a gram of uric acid and place it in a mortar; by means of twenty centims, or sufficient liquor potassa, dissolve it in a liter of water. Of this one per thousand solution, 1·7 centim decolorizes the subnorme, or 8·5 centims the norme. This standard allows us to ascertain the strength of any solution of urate in a few seconds accurately and simply. The constant dividend is 8·5, the divisor is the centims decolorizing the norme, *i. e.*, the subnorme × 5, and the quotient is the *per thousand* of uric acid in solution. Urine contains other oxidizables in addition to the urates; referable to uric acid as a standard, we may say three or more times more oxidizables than urates. Salicylate of soda and other medicines are also to be reckoned with in such examinations. Suppose five centims of urine decolorize the norme—*i. e.*, really five centims of urine diluted one in five decolorize the subnorme—we are able to conclude that the urine contains 1·7 per thousand of oxidizables reckoned as uric acid, of which a third or less is uric acid. Hence, acetate of lead and hydrochloric acid were used by me twenty years ago as precipitants of the uric acid, so that I obtained by means of the permanganate the percentage of total urates in urine by difference. I wanted still a perfect and rapid precipitant of urates for the acid permanganate to be an ideal quantitative test for total urates in urine.

Total Urates.—The acid permanganate method allows us to solve all problems associated with the numerous alkaline solvents of uric acid and urates. All the mineral waters for gout, all the remedies for the solution of urates can be tested *in vitro* in a rapid and simple way. *Oxidizable substances* offer no difficulty, as we can most easily standardize them. At all times a few minutes are sufficient to give us *expert* knowledge of all these subjects. It is here assumed that the reader has acquired the small amount of manipulative skill pertaining to my method. He is now in a position to abbreviate many of the urate tests, and to economize time and secure accuracy. Simple as the following method is for the estimation of urates, simpler than any other one test in the estimation of urine, it may in some cases be made a shorter and simpler test, or filtration may be spared. I mean by the use of the centrifuge, when even the acid permanganate may become unneccessary. *Vide* former articles.

Absolute Total Urates.—Pour twenty centims of the *alkaline* (made alkaline with liquor potassa or *carbonate* of soda) urine into a small glass mortar, add one gramme of powdered ammonium chloride and dissolve. For a minute the solution

is clear, and we pour *five centims* into a measure and dilute it with water to twenty-five centims, adding a few drops of acetic acid to keep it clear. Ascertain the possible urate by means of the permanganate *subnorme*. Let the remaining fifteen centims of urine stand in the mortar a quarter of an hour, filter through paper (return the first few centims to the filter) and measure off five centims of the *clear filtrate* and dilute it with water to twenty-five centims. Ascertain the possible urate in the filtrate by means of the permanganate *subnorme*. The *difference* of possible urate before and after filtration is the *absolute per thousand* of total urates, reckoned as uric acid, in the alkaline urine. Add ·03 per thousand for the *trace* of urate in the filtrate, and *one-fourth* of total urate for the *dilution* by the alkaline ammonium, as afterwards explained.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Charcoal Poisoning.

BY J. S. S., M. D.,
Jonesboro, Tenn.

I will report one of my cases, with circumstances somewhat amusing as well as peculiar. On the evening of January 30, 1900, I was hastily called to see a colored girl of some eighteen years of age (single), she having had a premature birth, attended by a colored midwife, on the 27th of January, 1900, three days prior to my visit. I found patient suffering from puerperal convulsions, and upon careful digital examination and careful uterine cleansing I succeeded in removing considerable, perhaps half, of a putrid after-birth. Patient was having three convulsions about every hour, but after fully cleansing and washing everything out of womb she quieted to a sound, restful sleep, and in a few hours was clear mentally, and now seems on the road to recovery.

Upon my first visit, there were in the room five stout colored women, and as there was no stove or fireplace, and very cold weather, they had placed two or three tin or cast iron bowls, and had filled them with wood charcoal. They were all a live mass of burning coals. I inquired of the women if they were not sick from the gas that was generated from the burning coals, and as soon as convulsions were controlled, I ordered the patient moved to another room, so as to escape the dangers of the gas; but in this time the five attendants were all busy and had not sat down—the patient having fits almost continuously kept them on foot. But after preparing to carry out my orders, and removing her to the next room, they all returned to the room from which the patient had been moved, and in the stooping position they came in contact with a greater quantity of gas, and the result was the fat midwife tumbled her full length upon the floor, and each of her assistants rushed to her aid. This same stooping position brought them in contact with the same amount of gas; one after the other in quick succession tumbled down by the side of the chief, until all five women were helpless on the floor. Any attempt to rise up would be followed by staggering against the wall or against each other, or falling with force back to the floor. The pupils were dilated to the full extent, and would not contract to light; they were shouting and talking like drunken people. In three hours they were restored to their full senses, but still unable to walk. In twenty-four hours they were free from any of the former symptoms, and were perfectly well.

Nux Moschata in Toothache.

Some of the best friends homeopathy has ever had have been won over to the school because some physician has cured them of a raging toothache. Women when pregnant are particularly liable to toothache, the old saying being that every child costs a tooth. There is no remedy which equals nux moschata in these conditions. It is indicated when toothache comes on from taking cold, in damp cold weather or from the night air, and for pains that are aggravated if air, particularly cold damp air, is drawn into the mouth. The tooth feels as if wrenched, and warm water and warm applications relieve the pains.—*Med. Visitor.*

[Written for the MEDICAL BRIEF.]

The Treatment of Exophthalmic Goitre, with Reports of Cases.

BY ROBERT C. KENNER, A. M., M. D.,
Louisville, Ky.

No physician who has been long in the active practice of his profession has failed to see a great many cases of exophthalmic goitre. These cases are the ones which anxiously seek relief, and the physician who succeeds with them gains much reputation.

Before discussing the means which promise most to bring us a cure, let me deal with the treatment of a few symptoms, which very often are so distressing as to require our best efforts.

These patients are often, even in the incipiency of an attack, most nervous indeed. This must receive correct treatment, and I know of nothing better for its control than frequent doses of the bromides. When the patient is constantly nervous, regular doses are given; when the nervousness comes on in attacks, then a dose when the symptom appears is sufficient.

Anemia is very often a prominent symptom, and when it is so, must receive attention.

Anemia can generally, however, be overcome by the patient being fed well. If there is loss of appetite, exercise, the bitter tonics, and even predigested foods may be invoked to improve the patient's nutrition.

These patients must lead, of necessity, a life removed from excitement and worry. The nervous element in these cases make recovery altogether impossible when the environments of the patient are not those which conduce to quiet.

The heart's action is most rapid very often, and palpitation of the heart is very distressing to the patient in many cases. If the bromides are given, very often the rapid heart beat will be controlled. But this is not all the time the case, and we shall often have to resort to the employment of remedies which act as sedatives to the circulatory system.

Digitalis is a favorite with many practitioners for this purpose, but I have found no agent that acts so well in these cases as veratrum viride. It is prompt, more reliable than other agents to regulate the heart beat, and it has no cumulative action.

There have been employed a great many remedies to bring about a cure, and surgical measures have been resorted to. The employment of extract of, or dried, thyroid gland has been tried, but while it found favor for a time, it is now almost wholly abandoned as a remedy.

Extirpation of the gland has now no advocates among surgeons. I now rely for good results wholly on Iodia, and upon galvanism.

The Iodia has brought me better results than any other of the iodides in this condition, and I now rely upon it to the exclusion of other agents.

Galvanism is also an essential element of the treatment, and must be used faithfully and systematically.

Lockwood says: "The cathode should be placed at the back of the neck, or at the angle of the jaw, while the anode is placed over the course of the sympathetic in the neck or over the heart." This should be adhered to scrupulously.

Iodia should be given in doses of a teaspoonful before meals and on retiring.

Below I give in outline a few clinical reports of cases treated on the lines here found.

Case 1.—Frankie J., age fourteen. This girl had not yet menstruated. She had a perceptible enlargement of the thyroid gland, and was so intensely nervous that her parents thought her on the verge of an attack of chorea. Her pulse was most rapid, and she had frequent violent attacks of palpitation.

On the bromides she experienced much relief from nervousness, but she had to take veratrum viride for awhile to control her heart.

She was put on Iodia, which was taken with regularity, and galvanism was systematically employed. She took exercise, was mentally quiet, and her appetite remained good.

This patient was dismissed cured two months from the time she came under treatment.

Case 2.—Mr. L., age thirty-one. This patient had a rapid pulse, and was, to use his own words, intensely nervous. He

had discovered the enlargement of his thyroid gland, and was alarmed. He took the bromides regularly, and experienced very marked benefit from the nervousness. On regular doses of Iodia, and the systematic employment of galvanism, this patient got along well, and had no symptoms of goitre after the ninth week.

Case 3.—Birdie B., age eleven. This little girl was very fond of jumping the rope, and her mother attributed the increased size of her neck to over exertion at this pastime. She had a goitre that was fast growing. On substantially the same treatment as in the above cases, this little girl got along well, and was entirely cured in five weeks.

Case 4.—Mr. H. M., age twenty-nine. This patient had a goitre which had been present two years. It was constantly growing. On Iodia, galvanism, and such remedies as were necessary to control the symptoms, this patient made a complete recovery in three months.

Case 5.—Mrs. J. L., age twenty-three. This lady had a small goitre, which began last year. She was put on the same treatment (substantially), and recovered fully in two months. In these cases I have striven to give necessary facts briefly, and left out all unnecessary commonplace details.

[Written for the MEDICAL BRIEF.]

Small-Pox.

BY S. W. H. NIBBLETT, M. D.,
Elizabeth, Ark.

In answer to the request of R. Truitt, M. D., of Cottonwood, Idaho, in MEDICAL BRIEF, February, 1900, page 260, will say small-pox, in this stage, is raging in several counties, and, as he says, "Some doctors call it small-pox, while others do not." We had quite a siege with this disease in this immediate neighborhood in the fall of 1898 and the winter and spring of '99.

Eight of my family, including myself, had it. Some very mildly, others very severely. There were three doctors in our community; two said it was not small-pox, though they refused to visit a single case—and gave, as their reason, that the mortality was too low, which, of course, threw all the practice in that line upon me, and as I considered it small-pox, I treated it accordingly. It appeared here as discrete small-pox, and as usual was mild. I had quite an experience with it, as I visited and prescribed in about eighty cases, without a single death, though at Salem, Agnos and Wheeling, in this same county, there were several deaths reported from this cause, most of which were doctored for other disease than small-pox.

I have only been in active practice about five years, and as this disease was comparatively new to me, I began a series of investigations for the purpose of ascertaining whether or not I was correct in my diagnosis, which has resulted in about fourteen months of hard study, collecting, comparing and compiling material to go into an elaborate work entitled "Small-pox," giving its pathology, true character, how it may be positively known from any other disease, etc. The work will be ready for distribution about May 1st, 1900. It is intended for a text-book for the busy doctor.

The demand for such a work is imperative. If ever such a work was needed, it is now, as small-pox is scattered from Maine to California, and from Cuba to the frozen regions of the North. All physicians who will cooperate with me and send twenty-five cents, which will not more than cover cost of printing, I will forward, postage prepaid, a complete copy of the book; provided, however, said remittance is received prior to May 1, 1900.

Remember, twenty-five cents in stamps (currency preferred) secures a complete copy of the famous work "Small-pox," its pathology, true character and treatment.

Tardy Convalescence.

Dr. W. A. Baker, Hydetown, Pa., reports the case of a lady, sixty-four years of age, of nervous temperament, stricken down with congestion of the right lung. After the congestion disappeared, her nervous system failed to recover, resulting in prostration. After trying several remedies, commenced using Celerina, and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition.

[Written for the MEDICAL BRIEF.]

What the Masters of American Organic Law Say in Their Interpretation of the Constitution in Defense of the Rights, Immunities and Privileges of Citizens in all the States.

BY R. C. BAYLY, A. M., M. D.,
Decatur, Ill.

[Paper 4.]

In my third paper I have given the legal status of physicians in each, any, and all the States in the Federal Union, adducing the plain and unmistakable language of the Constitution of the United States in positive evidence of my position on the great question, at this time, of the authority of doctors to practice their profession without let or hindrance anywhere under the American flag.

The ground I here take on behalf of the medical profession was emphatically declared in the Declaration of Independence before the Constitution was made, and it reads as follows: "We hold these truths to be self-evident, that all men are created free and equal; that they are endowed by their Creator with certain inalienable rights; that among these are life, liberty, and the pursuit of happiness."

These words deserve to be recorded in letters of unfading light, which the darkness of bad men and devils can neither eclipse nor obscure, and to be inscribed upon the memory of every man and woman, and especially in letters of steel on the hearts of men in this country who were so entirely lost to all principle of justice, right and self-government, as to attempt to make the Acts regulating the practice of medicine in Indiana and Illinois.

The preamble to the Constitution says: "We, the people of the United States, in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution for the United States of America."

The Legislatures of Indiana and Illinois, in undertaking to regulate the practice of medicine, have entirely ignored the political principles of "We, the people of the United States." But it must now be remembered that the great body of sons and daughters of those grand old men who made the organic law of the land have not forgotten their words, their patriotism and their works; and far be it from the doctors—the grandest and noblest class of men living to-day—to take any stock in the legislation of any State or States looking to the destruction of the rights and privileges of any class of citizens of the United States. Doctors having any patriotic respect for their country will continue to spurn the slimy, filthy twaddle, called "Acts" of Illinois and Indiana, regulating the practice of medicine.

Section 1 of Article XIV of the Constitution, speaks as follows:

"All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States, and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law, nor deny to any person within its jurisdiction the equal protection of the law." From this section of the standard political and legal truth of freemen, I deduce the following logical inferences:

1. All persons born or naturalized and subject to the jurisdiction, are citizens of the United States. Doctors are lawful citizens.

2. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States. Therefore, Illinois and Indiana have no authority whatever to put a money tax on, or abridge the rights of citizen doctors, or in any way or form bar them from the right and privilege of practicing their profession in any State where they may see fit and proper to exercise their calling for an honest living. But this is not all. It is equally true that all those who would deny doctors their constitutional rights, im-

munities and privileges are, to say the least, rascals and scoundrels, and not fit to enjoy the rights of American citizenship; and this is true of Legislatures and corporations, as State Boards of Health, as well as of persons.

3. The right by law which every physician has to practice medicine, is a property right, and I want to emphasize the fact that the Article and Section of the Constitution positively declares that "No State shall abridge or deny to citizens of the United States life, liberty or property. And, therefore, to bar doctors from practice, as the Indiana and Illinois Legislatures have done, is worse than stealing, for the reason that such legislation is not only a violation of the right to hold property interests, but it is an attempt to open rebellion against the national authority; it is most widespread in its influence and extent among all the people, bringing the law-making power of the States into disrespect, and destroying their power for good in the estimation of the whole people. The people have no regard for law, except as it is founded in right and justice. Legislation and the administration of law in a country like ours must harmonize with the maxim of Jefferson, the prince of statesmen: "Equal and exact justice for all, and special privileges to none." The people will not respect a Legislature that usurps the rights of any class or classes; and I trust the time is not far distant when they will go to the ballot-box and blot out the disgrace to the State.

It is not a matter to be overlooked by a free people for a Legislature to begin the usurpation of personal and professional property rights that lie at the foundation of all good society. No body of men would, or could, have the audacity, meanness and cussedness to attempt it but a set of unwashed politicians.

4. No State shall "deny any person within its jurisdiction the equal protection of the laws."

This mandatory provision, binding upon all the States alike, is ignored by the Illinois and Indiana laws regulating the practice of medicine. And when the presumptuous State Boards of Health impose a money tax and other wrongs upon doctors, barring their rights, this clause of the United States Constitution is blurred and treated with contempt.

It does not, therefore, take much legal sagacity to see that these States on this question, instead of protecting doctors, as a class of citizens, as the Constitution binds all the States in the Union to do, have really begun the work of destroying the rights of all.

But fearing that this paper is already long enough, I must hasten to quote some of the great masters of American law, in support of my interpretation of the National Constitution.

Chief Justice Story, in his book on this subject, page 205, says: "For example—it is declared that the citizens of each State shall be entitled to all the privileges and immunities of citizens of the several States." Suppose an attempt is made to evade, or withhold these privileges and immunities, would it not be right to allow the party aggrieved an opportunity of claiming them, in a contest with a citizen of the State, before a tribunal, at once national and impartial?

On page 207, Justice Story again says: "The next inquiry, growing out of this part of the clause, is—Who are to be deemed citizens of different States, within the meaning of it? Are all persons born within a State to be always deemed citizens of that State, notwithstanding any change of domicile, or does their citizenship change with their domicile? The answer to this inquiry is equally plain and satisfactory. The Constitution having declared, that the citizens of each State shall be entitled to all privileges and immunities of citizens in the several States, every person who is a citizen of one State and removes into another, with the intention of taking up his residence and inhabitancy there, becomes, *ipso facto*, a citizen of the State where he resides, and he then ceases to be a citizen of the State from which he has removed his residence."

Then, it is evident, that since I have been examined and awarded a certificate to practice medicine by the Illinois State Board of Health, as a citizen of Illinois, whenever I choose to move into another State, and there become a citizen, I shall then, according to the Con-

stitution of the United States, have a good perfect legal right, without let or hindrance, to open an office and practice my profession. That is to say, I have as much right to practice medicine in Indiana or Virginia as I now have in Illinois.

Once more, Daniel Webster, the greatest constitutional lawyer and statesman in his day, in his debate with Mr. Haynes in the United States Senate on this subject said: "The people have wisely provided, in the Constitution itself, a proper, suitable mode and tribunal for settling questions of constitutional law. There are, in the Constitution, grants of powers to Congress, and restrictions on those powers. There are also prohibitions on the States; some authority must, therefore, necessarily exist, having the ultimate jurisdiction to fix and ascertain the interpretation of these grants, restrictions and prohibitions. The Constitution has itself pointed out, ordained and established that authority. How has it accomplished this great and essential end? By declaring, sir, that 'the Constitution and the laws of the United States, made in pursuance thereof, shall be the supreme law of the land, anything in the Constitution or laws of any State, to the contrary notwithstanding.' This, sir, was the first great step. By this, the supremacy of the Constitution and laws of the United States is declared. The people so will it. No State law is to be valid, which comes in conflict with the Constitution or any law of the United States. But who shall decide this question of interference? To whom lies the last appeal? This, sir, the Constitution itself decides also, by declaring that the judicial power shall extend to all cases arising under the Constitution and laws of the United States. These two provisions, sir, cover the whole ground. They are in truth, the keystone of the arch. With these it is a Government; without them it is a confederacy."

In my next paper I shall discuss the police power, with which State Board officers have threatened doctors.

Jaundice.

Dr. R. Anderson, Albemarle, N. C., treats his jaundice cases with Chionia and has excellent results.

[Written for the MEDICAL BRIEF.]

The Abuse of a Sacred Trust.

BY JAS. A. STOTHART, M. D.,
Savannah, Ga.

Much has been said and written about the abuse of the prescription. The writer, having been identified with both the physician and the druggist for more than twenty years, feels that he is in an easy position to comment upon the abuse of the prescription. The doctor and the druggist should stand in a relation of reciprocal benefit to each other. The doctor should prescribe remedies, and the druggist furnish them. The doctor orders such remedies as his judgment and experience deems best in a given case, the druggist has no discretion in the matter; it is his duty to fill the prescription as it comes into his hands, and on no account should he be guilty of such disloyalty as to try and substitute, or to induce his customer to accept a substitute for the remedy prescribed by the doctor, or to try to palm off a cheap and worthless imitation, or his so-called just as good remedy. The prescription is a sacred trust, and he who defeats its intent, or robs it of its constitutents is worse than a thief; he not only robs the physician of his reputation, but he robs his patient of his money, his health, his happiness and his prospects. The prescription embodies the results of much observation and study. It is the instrument by which the doctor is to restore health to the body suffering from disease. It is the means by which the doctor makes his living and his reputation. The welfare of the doctor and the welfare of the patient makes it essential that the prescription should not be tampered with by the pharmacist, but it should be filled with the very drug ordered by the doctor. To withhold from a prescription the essential ingredient ordered by the doctor should be regarded by law a crime not short of murder, and should the patient die while taking the substitute, the perpetrator should be handled by law the same as other criminals. In my opinion, there can be nothing that would justify a druggist in changing the ingredients in a prescription; it would

be just as easy, and just as profitable for him to supply the drug prescribed, and put the price to what it should be, regardless of any competition. It would be best for the physician, best for the patient and best for the druggist. No sensible person wants cheap drugs, when the condition of the patient requires something else.

There seems to be two factors operating to bring about the deplorable state of which we are writing. On the one hand it is claimed by the druggist that the strong competition compels him to manufacture as many of his own remedies as possible, and to dispense them whenever and wherever he can. In making his own remedies he has a conscious feeling that they are just as good as any other persons make, and for the profit and protection of his own interest, it is very easy for him to get his own consent to substitute for the genuine, regardless of the doctor's prescription. Then again, the druggist complains that the physicians furnish too many drugs to their patients, thus depriving the druggist of what he thinks is righteously due him. On the other hand, the physician often feels the importance of supplying certain drugs to his patients, because he realizes that his prescriptions have not been filled in accordance with his written order, thereby jeopardizing his professional reputation as well as the life of his patient. Now, as to which of the two have the weaker grounds for complaint, I think the druggist takes the lead. The practice of substituting has become dangerously strong with druggists all over the country. Any physician who is at all familiar with pharmacy will often find that his prescription has been tampered with, and especially when he has ordered any of the more expensive elixirs or proprietary remedies, such as the Lactopeptine preparations, Sanmetto, Listerine, Lithiated Hydrangea, Peptomangan, and others. As soon as a reliable preparation is put upon the market, and it becomes known to possess merit, and is well advertised, every manufacturing chemist puts a similar remedy on sale, but of a cheaper grade, and not long before it will find its way into the retail drug stores, to be used in prescriptions, because of its cheapness. I have had druggists tell me that they had worked in drug stores where they were not allowed to dispense any of the remedies named above, but were required to substitute.

During my twenty years of experience with physicians and druggists I have had many applicants for positions at the prescription desk, and it was no uncommon thing to have the applicant extol his worth as an enconomist, by saying how much he could save in the business monthly by manufacturing his own preparations for dispensing upon prescriptions instead of what was ordered by the doctor, when meritorious remedies, such as Aletris Cordial, Tongaline, Hydroleine, Sanmetto, and many others, were prescribed. These persons will never hesitate to mention the many imitations they could make that was just as good as the genuine, and could not be detected by the doctors, and could be sold at a much larger profit; these applicants seem to base their claim for a position upon their ability to substitute a spurious article for the genuine.

It is useless to say that such a person must possess a petrified brain, and have cirrhosis of the soul, and just as long as such dispensing druggist has charge of the prescription department in drug stores, just so long will physicians continue to supply drugs to their patients. Having been identified so long with the pharmacists of this State I naturally possess for them a feeling of the tenderest affection, and it is with sadness that I give expression to such thoughts as I have referred to. But I believe if doctors generally would disclose their feelings along this line it would operate to bring about a more salutary state of things, and a more kindly feeling between the druggist and the physician.

Uterine Ulceration.

Dr. W. M. Kink, Perkinsville, Miss., says: I have used S. H. Kennedy's Extract of Pinus Canadensis (White) in ulceration of the womb, which it relieves very quickly. I think it is superior to any remedy in this disease.

[Written for the MEDICAL BRIEF.]

Unique Twin Labor.

BY T. E. REED, M. D.,
Middletown, Ohio.

The case of "Unique Twin Labor," reported by Mrs. Dr. Pirley, in the March issue of the BRIEF, attracted my attention, and I will venture an explanation, having had some experience.

The case in question was not, properly speaking, one of "twins." Twins are always of the same sex, with one placenta and enclosed in one set of membranes. The pair will always be a perfect counterpart one of the other, as much alike as two beans, not only in appearance but in disposition, temperament and every action. Even mothers must sometimes improvise marks of distinction. I know of twin girls so exactly alike that the mother keeps tied on one a red and on the other a blue ribbon to avoid confusion. Not only are such twins so alike physically, but the bond of sympathy and affection is very great. What one does the other will do; when one falls ill the other will likely become affected similarly.

This is, in brief, a pair of twins. All others are double pregnancies, which may be of the same, but more often opposite sex, as was the case given by Mrs. Pirley, and such are conceived at different times, which may be hours, weeks or even months apart. The boy or second birth of the case in question may have been only seven or eight months, but the uterine contractions giving birth to the first and matured child, loosened the hold of the second, and it soon followed.

But cases are on record of superfetation when the birth of the second did not occur for three or more months after the first, or until it reached maturity. These double pregnancies are conceived at different times, as stated above, each enveloped in a membrane of its own, and nourished through separate placentas. Should they be of the same sex, they will differ as widely in every way as ordinary brothers or sisters of separate births. We have recorded an example in the case of Jacob and Esau, which were not only widely dissimilar in appearance, but were at enmity one against the other.

Now, how can this be explained as to why twins are always of the same sex and perfect duplicates, while double or triple pregnancies are dissimilar and may or may not be of the same sex? It is simply this: We have produced by the action of the sun and moon world-wide, semi-diurnal electric currents, known as the tides, six hours positive and six negative, corresponding to the flow and ebb of the tides, which may be termed action and reaction, the great heart-beat of the universe. This law is everywhere present.

Now, conception taking place in the positive hours will be a male, but occurring in the negative will be a female. It will be seen then that a single conception must be one sex or the other, which depends upon the time it transpires. Therefore twins, as explained above, must be one sex or the other, while a double pregnancy, conception occurring at different times, may be one sex, or one of each. That is, should they both occur in positive hours, although days or weeks apart, the result will be two boys, but should one time be positive and the other negative, yet days or weeks apart, the result will be one boy and one girl.

I can not explain this fully in a single article, but have gone into it thoroughly in "Cyclic Law," a little book advertised and sold by the BRIEF.

Before closing this I can not refrain from a word of criticism as to the doctor's procedure in the second birth. The thirty drops of ergot given was why the patient "became so exhausted as to be helpless," also helped to exhaust the child; but had it been given prior to the first birth a disaster far worse might have been the result. My warning is, beware of ergot in labor cases. It has been the cause of a "mishap" with many a woman.

Spider Bites.

Dr. A. C. Martin, Desdimonia, Texas, says: Have been using Ecthol in the treatment of boils, carbuncles and erysipelas, in all of which it gave me satisfaction, but in the management of spider bites it is simply charming.

[Written for the MEDICAL BRIEF.]

Medicine and Surgery.

BY LEVI W. GARDNER, M. D.,
Harbor Springs, Mich.

The science of medicine and surgery began almost with the creation of man. We read in God's precious word that he created man in his own image, and breathed in him the breath of life, and man became a living soul. After man's creation, God saw it was not good for man to be alone; he, therefore, caused a deep sleep to come upon him (the probable administration of our modern anesthetic, chloroform or ether), and then with an operative procedure he took one of Adam's ribs and moulded and formed a helpmeet, Eve, the first real case of operative surgery performed to the human mind.

God also created the herb with the grass of the field, the tree and fruit of good and evil; these certainly must have been medicinal, and more so than many of the pharmaceutical products of today, because of the wonderful effect it had upon Adam and Eve; yet God had created the remedy for healing them, and it grew in the garden beside the tree of evil fruit, but after they had disobeyed his command, he did not see fit to provide them with the means for their restoration then, at the time, lest they should take of themselves of the tree of life and be healed. They were, therefore, driven forth from the garden to till the ground, from whence they were taken, and God placed in the east end of the garden cherubims, and a flaming sword which turned every way.

The practice of medicine and surgery constitute what may be termed a complete knowledge of disease, and its remedy, to its fullest detail. Pathology explains the origin, cause and nature of morbid conditions which disturb the physical economy. Diagnosis of a disease is a comprehensive knowledge of the case under consideration, while treatment, to know how to cure, the most important factor of all, does not consist mainly in the administration of drugs, but requires a strict and faithful attention to details, the little things, diet and hygiene as well.

Æsculapias appears in Homer as an excellent physician of human origin; in the later legends he became the god of the healing art. The account given of his genealogy are various, and, according to one story, he so surpassed in the healing art as to restore the dead to life. However, this is not a greater reputation than many a country physician has at this day and age. Galen Claudius, a very celebrated physician, was born at Pergamas, in Mysia, A. D., 130. He was educated at Pergamas, and afterward at Smyrnia, Corinth and Alexandria. At his twenty-ninth year he was appointed to the school of gladiators; in his thirty-fourth year went to Rome, and there gained such a reputation as to get the appointment of physician to the Emperor; however, this he declined, and gaining permission entered the services of his country in the northeast frontier. The time and date of his departure is unknown.

For long years, yea, centuries, the science of medicine and surgery only kept in pace with the general advancement of civilization. The common way of treating disease was by cupping and bleeding; this was the treatment prescribed for every ill of the human body. It is only in the present century that medical science has received so wonderful an evolution; to be sure, there has been some advancement, for all the great physicians have been constantly on the alert for a higher and more perfect plan of medication.

The discovery of the circulation of the blood, by Sir Wm. Harvey, of Kent, England, in 1616, was a brilliant achievement, as it has lessened so much of human suffering, and gained for him a name never to be forgotten. Prior to this discovery, the old Egyptian method of treating amputations was practiced, that of dipping the amputated stump into a kettle of boiling pitch, in order to control the flow of blood; surgeons did not know that the circulation of blood was carried on by so beautiful a system of blood vessels, the capillaries, veins and arteries, with the heart as the great central organ, the propelling force, the engine of the human body. Again, science had not received that revelation in which the human system

could fortify itself against that dread disease, small-pox, although it had been practiced long years before by the Orient, the Egyptian, Chinese and Hindoo, until that colonial divine, Cotton Mather, in 1728, introduced vaccination as an immunity against small-pox into the early colonies, and which was afterward accepted and allowed to be practiced by the Royal College of Surgeons of London, England, in 1807.

The main object in the practice of medicine and surgery, is to relieve human suffering. This object should stand pre-eminent. There is no profession, no avocation in life, so grand, so noble, as that of a true, God-fearing physician. To be able to relieve pain, suffering and disease in the material body, and then to be conscious of the desire and longing of the soul of the individual, so as to be able to point them to the Great Physician—who alone is able to save to the uttermost—is one of the highest callings of man. The life of the busy physician is not one of ease and pleasure, but to the contrary, a life of constant toil and great anxiety; he is deprived of many nights of rest, to nights of watchfulness and servitude; yet to the doctor who loves his profession there always comes a sense of satisfaction which repays him, to some extent at least, in that he is in line of duty, and is doing his duty.

The doctor who is the most successful in the practice of medicine and surgery is he who devotes his whole time and energy to the details of his work, the study of disease at the bedside of his patient, its differential phenomena, etc.

How essential to know and learn the anatomy of the human body, its composition, construction and relation to each other. In drugs the differentiation between poisons and their opposites, when to administer and how to administer these remedies. In pyrexia (or fever) we have a hot burning skin, rapid pulse, dry tongue and a congested condition of the periphery throughout the whole system; to administer a stimulant in such a condition, would be to add fire to the flame that is already burning. We must know, then, the differentiation between a stimulant and an antipyretic, and so on throughout the whole pharmaceutical agents.

In the last decade it is wonderful to note the many new agencies discovered and employed in the treatment of disease, the new remedies brought to us through a more thorough knowledge of chemistry and toxicology, the wonderful revelations brought to us through the use of the microscope.

With his microscope the health fiend, with most scientific care, goes a-gunning for bacteria, and finds them everywhere. Yes, he bags them in the horse car, in the foyer and saloon; the free lunches he calls "deadly as a corking day in June."

In the corner soda fountain, in the keg of foaming beer, on the very nimble nickels, that buy thirsty souls a cheer; in our hats and shoes and pockets, he finds snakes and bugs and things, that, when magnified, are monsters, with ten thousand legs and wings.

Oh, these doctors! Yes, these doctors! It is then a fact most true, that, with all these warnings, men live longer than they used to do! Nay! Our ancestors lived longer, in their ignorance sublime, while these howling health fiends scare us half to death before our time.

So it would seem by some, that the science of medicine and surgery, as well as all other sciences and arts, had reached its climax, and that with all the modern means at our command, in medicine, viz.: The microscope, phonendoscope, thermometer, chemical analysis and hygiene, we were not yet up to the old physicians in former days in the battle with disease, and that many a one is still "looking backward" to the old-time doctor and his treatment.

There was a time, long years ago, when doctors, so 'tis said, took everything quite leisurely, and kept a level head. Their movements were deliberate, their speech was slow and calm, they gave the sick a confidence, which soothes like Nature's balm.

They'd look their patient o'er, with care; ask questions, few but plain; and wisely, and with reason, too, from jokes and jibes refrain. 'Tis true the treatment was the same, for nearly every ill, a venesection, then a purge, with good, mercurial pill.

Or else the mild calomel, with ipecac, perchance; and steaming teas, and sweats and such, as would the cure enhance. But what was done, was done right well—no hurrying nervous haste—the doctor often stayed right by, and saw the blister placed.

For men and things, in these old times, moved slowly and sedate; they'd time to think and ponder well, and went a sober gait. But now-a-days 'tis different quite—this age is run by steam—electric wires are cob-webbed o'er the town, and land and stream.

Ours is an age of rapid speed, and none can be too fast; it is "every fellow for himself, the devil take the last." We jump from bed, we bolt our meals; we scorch the street, or drive like mad; we hustle near and far.

And, like the rest, the doctors, too, are bound to keep the pace; and some are "rushed to death," they say, when asked "How goes the race?" The gravest case is grasped so quick, it makes the patient wink; a snap shot diagnosis—then, some tablets, white or pink!

'Tis even said that some will run from early morn till late, to patients, that tho' they be few, receive attention great! And surgery, O, noble art! And science! Has become a rapid business, or at least, 'tis practiced so by some.

In larger towns the ambulance may oft be seen to-day, with clanging gong and equine dance, and uniform display. E'en in Chicago's busy streets, the doctor, so 'tis said, has right of way o'er everything—the living or the dead.

He scouts along the boulevard, or threads the tangled maze; he goes so fast that scorchers, e'en, slow up, and pause, and gaze. So, hurrying on, with serious brow, the doctor up-to-date, must hustle in and hustle out, for fear he may be late.

But yet, sometimes, were truth but known, and facts brought forth to view, the doctor who makes the greatest rush has least of work to do! However, that does not excuse a doctor who is slow; one must be up and dressed betimes—for high as well as low.

The only man who can not get prompt treatment for his ills, is he who owes and will not pay long-standing doctor bills. Too long he scorned the mild request to "call and settle soon"; he'll get another doctor, for he changes every moon.

But we've a little list, you know, of fellows that do that; he'll soon find out, beyond a doubt, he's talking thro' his hat. So, after all, 'tis said with truth, our method is the best—the people press the button and the doctor does the rest.

[Written for the MEDICAL BRIEF.]

Color of New-Born Negroes.

BY H. C. RILEY, M. D.,
Newville, Ala.

I see in the March BRIEF that Dr. W. B. York, of Tennessee, writes under "Color of New-Born Negroes," and I agree with him as to their color.

They have a ginger-cake color for several days after birth, no matter how black the father and mother. But I think the doctor is off a little when he says "a child from a white mother and a black father after a month's time is almost as black as the full-blooded negro; whereas, a child from a black mother and a white father is a very light mulatto in color."

My opinion is, that white blood will show regardless of the source. I know one white woman who had a child by a negro, and the child (a man now) is a light mulatto.

I have seen children from a white father and a black mother who are mulattoes. The same color in both cases.

You cross a scrub cow with a Jersey male, and you get a calf half Jersey. You cross a Jersey cow with a scrub male, and what do you get? A calf half Jersey. Blood will tell.

"Offspring takes the complexion from the father the world over, the mental powers from the mother." Eh! is that true, Doctor? Let us see. Brunette and blonde marry—in some cases, not all, you find that their children are marked brunettes and blondes; but I would not say as to their mental qualities. This is from actual observation.

[Written for the MEDICAL BRIEF.]

Another Unique Twin Labor.

BY FREDERICK ADRIAN KINCH, M. D.,
Westfield, N. J.

In the March number of the MEDICAL BRIEF, an interesting and unique case of twin birth is reported by Mrs. Dr. Pirley, of Earlton, Kan. She also asks if other practitioners have had like cases?

During January, 1900, I had two cases of twin birth. One of which was unusual to me at least. Mrs. W., aged eighteen, primipara. Labor progressed in a normal way. On the birth of the first child, which was a boy, I recognized another fetus. The sac containing it ruptured in the course of fifteen minutes, and a girl baby was born. The boy weighed six and one-half pounds, the girl five and one-half pounds. Upon the delivery of the placenta I found two separate sacs, and two placentas, which were attached by a narrow band, about one and one-half inches wide and three inches long between the borders of the placentas. The case made an uneventual recovery.

Cases of twins are met with with two separate placentæ, one large placenta, with cords coming out from near the center, and one large placenta where the cords come out from it widely separated, giving rise to the opinion that there were two placentæ which coalesced.

In Dr. Pirley's case it is possible, but hardly probable, that there were separate conceptions. Undoubtedly two ova were impregnated at the same time, and one being for some reason more favored than the other grew faster and the second had to take what space was left. My experience with twin births is that generally one is larger than the other, probably from cause stated above. Perhaps the ova were from separate ovaries, and this would explain the difference in development.

Fretful Children.

Dr. H. L. McClusky, Worcester, Mass., prescribes a great deal of Peacock's Bromides for children who are fretful and unable to sleep. Is careful to get the genuine preparation, and in every case obtains the desired results.

[Written for the MEDICAL BRIEF.]

Doing Good to Others and Fraternal Friendship.

BY W. H. GRAY, M. D.,
Michigan City, Ind.

I am never so happy as when I am doing some good to my fellow creatures—man, woman or child—to make them happy in some way, if possible to make life more enjoyable and pleasant to live for. I have to-day just removed a tape worm from a poor, young man, poor in dollars and sickness, but rich in heart and honor, and I was really rejoiced when I saw worm, head and all, come away, after he had previously been attempting in vain to get rid of this pest, which had so diseased his stomach and intestines that he was a mere shadow of a man. I had a sympathetic and manly feeling for this poer fellow, and, although he had but a trifle of money to pay me down for my work, yet I was happy and cheerful in rendering him the needed medical aid. So it is with me in every branch of the needs of life. I can never see any poor unfortunate fellow suffer for want of bread or lodging, when circumstances are favorable for me to render the needed relief, without distressing myself or family.

Supposing all mankind were this way, how few tramps we would have to annoy us, for most tramps are made so from unfavorable conditions in life, by either being born so, or made so by their selfish surroundings by others, who take away their job, or cheat them out of their lawful earnings, by their employers or others, and among whom, the saloonkeeper is the worst of all, who is licensed to sell his stuff by an ungodly law, made by dishonest politicians for political (dishonest) gain from a selfish motive. Now, if all men were honest, and had the good of his fellow men at heart, such things would not exist, and all mankind would be far happier in every department of life. But with our present selfish motives, one man owns all, while his many competitors and neighbors have nothing. Thus, the millionaire is in constant dread of losing what he has, while the poor man is tempted to steal rather than to starve. Hence we have

created the necessary thief to live, the pauper to beg, the millionaire to fear and tremble. If every man had an honest heart such conditions would not exist.

How shall we remedy this evil? My grand answer would be to have all men study the conditions and needs of his fellow man with those of his own. If my neighbor is putting up hay before a thunder storm destroys it, and I see his need of immediate help, and I can render that help without great detriment to myself, let me do it instantly. This begets a kind and benevolent feeling in my neighbor's heart as naturally as life, and when he sees an opportunity to render me a like favor, he and his wife will both turn out to render me the much-needed help.

Let us study the laws of Nature in real life more than what we do, and remember that the happiest man in life is the one who does the most good to others, thus making not only himself happy, but many other distressed happy. Let us do unto others as we would that others do unto us in all things.

[Written for the MEDICAL BRIEF.]

Unique Twin Labor.

BY SILAS HUBBARD, M. D.,
Hudson, Ill.

The case related by S. P. Pirley, M. D., on page 405, is what could easily occur without any miracle. The first child born may have come from an ovum which entered the uterus from the right fallopian tube, and there on the right side of uterus established itself, and forthwith begin to develop a placenta and membranes for itself; while the second child born may have come from an ovum which entered the uterus from the left fallopian tube and established and developed itself in the same way that the first did. In that case they would each establish separate and independent secundines, as related in the case of the doctor; but if two ova were ripened in the same ovary, at the same time, and conveyed by the same tube into the uterus in juxtaposition to each other, and there become established, their respective placenta and membranes would become commingled with each other. I have met with both kinds of cases.

In the doctor's case the girl got a better position in the uterus and there grew and developed better than the boy; but after they were born and put on an equal footing, the boy soon caught up with the girl.

The girl being heavier than the boy would fall lower, and therefore engage first and be born first; probably its placenta was established nearer the os uteri than that of the boy. I was the first to say that in placenta previa cases the majority of the children are girls, and in extra-uterine cases the majority are boys. So far as statistics have been collected it would seem as if these were facts.

If the twins are within the same membranes and have the same placenta they are probably of the same sex; if the placenta are separate, or only commingled, they may or may not be of the same sex.

If a cow has twins, and one is a male and the other is a female, the male is always sterile. The placenta of the two are always commingled.

In the human subject, if the placenta of the male is commingled with that of the female, it may be possible that the male will always be sterile.

The placenta connected with a female, on an average, is larger than that connected with a male.

Superfetation can not occur after impregnation of one ovum short of forty-eight hours, because the first ovum taking root on the mucous membrane of the uterus has caused the mucous membrane to so secrete decidua that a spermatozoid could not reach another ovum.

Western Ophthalmologic and Otolaryngologic Association.

The Western Ophthalmologic and Otolaryngologic Association will hold its next annual meeting in St. Louis, April 5-6-7, 1900. A most interesting scientific and entertainment programme has been prepared. The secretary is Dr. Fayette C. Ewing, Grand and Lindell Boulevard, St. Louis, who will answer all questions regarding this meeting.

[Written for the MEDICAL BRIEF.]

Unique Twin Labor.

BY OLIVER B. BUSH, M. D.,
Colquitt, Ga.

Mrs. S. P. Pirley, M. D., Earlton, Kan.: Your case was not a case of twin labor, it was a case of labor with doublets. One of the children was conceived at one time, and one at or about a month later, as is the case with some ladies. At the time of conception there were two ovules, one of which became impregnated and another becoming impregnated later. From what you say I should judge it to be about a month later.

This can not be a twin labor; if it were, there would not have been two distinct placentas. There would have been two cords but only one placenta.

I will cite a case which occurred in my practice on February 28, 1900. Called to see Mrs. J. H. H. at 3:30 A. M. Upon arrival I found a girl baby already born. I tied the cord and delivered the placenta in its entirety, but labor did not cease, and upon investigation I found another child to be presenting—foot presentation—and in forty minutes I delivered her of a boy baby weighing seven pounds, round and plump, but the nails on its fingers and toes seemed to be imperfectly matured. Pretty soon I delivered another placenta which was not more than half as large as the first one.

This—like your case—was a case of doublets labor and not a case of twin labor. I have had a great many twin labors but only this one case of doublets labor, and in each case of twin labor there was but one placenta, yet there were two cords—one to each child branching off from the main cord.

Burns.

Whether they be superficial or deep, especially if suppurating, use compresses wrung out of a saturated potassium chloride solution, covered in with waxed paper. Instant cutaneous anesthesia is claimed; antisepsis, also, without harmful effects from absorption of the agent.—*Gaillard's Med. Jour.*

[Written for the MEDICAL BRIEF.]

Burns.

BY R. L. MEEK, M. D.,
Benhur, Tex.

I wish to give the BRIEF readers my treatment for burns, which I consider very simple and rational, and one that most practitioners have at their disposal. I have used it several years with the best of success. Apply to affected parts:

R	Honey	½ ounce.
	Olive Oil	1 ounce.
	Linseed Oil	½ ounce.
	Morphine Sulph	1 grain.
	Wheat Flour, q. s. thin paste.	

M. Sig.: Apply heavy coating every twelve hours.

Do not wash the parts until sloughing is thoroughly established, then wash gently with following:

R	Listerine	1 ounce.
	Carb. Acid, Dil	20 drops.
	Aquæ Destil	2 pints.

M. Sig.: Bathe with soft linen cloth, removing all dead tissue, then apply ointment made as follows:

R	Calomel	2 drachms.
	Golden Seal Pulv	2 drachms.
	Tannin Pulv	2 drachms.
	Ext. Belladonna, fl	20 drops.
	Carb. Acid	50 drops.
	Vaseline	2 ounces.
	Oxide Zinc Oint q. s. ad	4 ounces.

M. Sig.: Apply after dusting parts with iodoform.

Dress every eight hours, or as indications may require.

If patients complain of pain I use extract hyoscyamus in one to three grain doses every ninety minutes as necessary.

See that bowels, liver, kidneys, etc., do their proper work. I generally give hydrogogue cathartic on the onset.

If delirium appears or a rise in temperature to exceed 103° F., give indicated remedies.

Has the Editor or any of the BRIEF readers any experience in treating drunkenness with oleum tiglii? If so, let me have your experiences through the BRIEF columns pertaining to its administration.

Mortality of Diphtheria.

The *Brit. Med. Jour.* says that in Paris, where the antitoxin is everywhere used, the weekly mortality for 1899 has almost constantly exceeded that for 1898.

[Written for the MEDICAL BRIEF.]

Diet and Nervous Diseases.

BY J. L. WOLFE, M. D.,
Cedar Falls, Iowa.

Some years ago a great deal of resentment was expressed by some of our medical writers, when one of the great English medical journals published an editorial upon "American Nervousness," and when an indignant protest was made against the criticisms of the foreign author, the fact was shown that a large number of intelligent medical men in England and Germany were inclined to look upon a peculiar neurasthenia of American origin as a well and frequently recognized clinical condition.

There is, undoubtedly, much truth in all this; for we live, as a people, much more irregularly and imprudently than any other nation. It is a sort of railway restaurant life, or as it might better be expressed, a meal-between-meal existence as business and inclination permit. Very often we do not give ourselves sufficient time to eat, and when we do, we pay little or no regard to the selection of food and drink, to the life we live, or to our particular environment. Intellectual as well as physical work, is done immediately after eating; there is no time for rest and digestion.

The Wall street broker rushes from his cocktail, lobster salad, greasy pastry and "small bottle" to "the ticker" and turmoil of the stock exchange.

The Leonard street jobber eats his indigestible "ragout" or "wiener-schnitzel," and plunges into a bargain with the country merchant, to whom, after business hours, he shows the town and consumes an unnecessary amount of sweet champagne before the "bill of goods" is sold.

The newspaper man of Park Row eats his large bowl of gruel or oatmeal, and drinks two or three cups of weak tea or coffee, and then seeks his badly ventilated office. It is all hurry; the stomach and brain are both worked too hard, and the sympathetic nervous system is constantly overtaxed.

American nervousness is largely connected with lithemia and oxaluria, and the "three American meals," breakfast, dinner and supper, which are often largely composed of starchy and sweet food, weak beverages and alcohol are all responsible for these troubles. We borrow much that is bad from other people, not remembering that what seems good for them may be entirely unfit for us; besides, we indulge in fads in regard to health, which are the traditions of over-abstemious individuals and families.

The only physiological preliminary to breakfast, in my opinion, should be a glass of water of ordinary temperature for healthy persons, and hot as can be taken for dyspeptics.

Much of the lithemia and oxaluria which is so often the cause of American nervousness, is due to these starchy substances; and hot cakes, puddings, pies and preserves, with very little nitrogenous food, are responsible for much mischief. All foods should be taken in a condensed form, and over-dilution should be avoided. Innutritious soups and weak cocoa, tea and coffee, are all productive of trouble in the person who suffers from so-called nervous dyspepsia, besides retarding the action of the gastric and intestinal fluids.

There is a popular fallacy in regard to the nutritive qualities of fish and its value as a producer of phosphorus. Its only merit is its easy digestibility and nutritiousness. In many forms of nervous exhaustion, and especially in those cases in which hysterical anorexia exists, raw oysters administered forms a serviceable and valuable addition to the dietary; instead of lemon juice or vinegar, they may be sprinkled with diluted phosphoric acid. The real phosphorous-making material is wheat; and I am a firm believer in bread made from whole wheat flour, which enables us to get its full nutritive quality; thus securing the outside or tegumentary parts of the grain which contains the richest elements. Oatmeal is not nearly so nutritious as wheat flour, as it does not contain gluten, and is more apt to produce intestinal acidity than wheat in any of its forms. But still a more valuable article of food as a nutritive in nervous states of the system are dried peas, and in certain cases where other things have failed pea soup has proved very valuable. Ordinary pea soup is made with just enough ham or bacon to give it a suitable flavor, and before serving a small quantity of bicarbonate of soda should be added.

[Written for the MEDICAL BRIEF.]

Curios From Africa.

BY DR. J. A.,
Grand Bassam, West Coast of Africa.

A married woman, my cousin, age forty-one and one-half years.

Nature of complaint and how long suffering. It was ten years since she brought forth, about one month she fell sick of yellow fever before her delivery; three or four months after her delivery her belly swollen and burst inside, and white water came out, after which to this present time her belly has not been steady through which she has not brought forth again; and she used to see in her menstruations white water first before blood, and sometimes blood before white water, and her menstruation sometimes elapse one and one-half or two months before she can see it again; the last one lasteth two months and twelve days before she find the menstruation; and also something in her abdomen; when it rises pains the womb, and has given her loss of strength, flesh and appetite. Please see if you can find and promptly execute whatever appliance will be most suitable to the above complaint.

Please advise remedy for cramps, rains, stuffed rains, what removes morbids from the rains, straitens crooked or bending arms, removes sickness from the head, regulates the rains from abnormal or tenacity condition—shrunked rains and bodies, removes pains in the joints and gives fair appetite, using by drops in water; noticed in one of the British and African steamships by a doctor supplied, its name not known.

My daughter of three years and nine months having some malady in the belly by the left side closing to the rains. It does not go down the abdomen; if I feel it with my fingers it is hard; it is a morbid usually occur, and used to trouble women please give the name of it and advise what appliance will be most suitable to the complaint that will gradually purge it out.

The same daughter is suffering from toothache, it is hardly for her to enjoy beef or mutton or even biscuits having holes in the teeth, please advise an appliance for the same.

"Suggestion."

"Suggestion," a monthly magazine, edited by H. A. Parkyn, M. D., C. M. It is devoted to the study of hypnotism and suggestive therapeutics, and has a large corps of medical contributors. Price, $1.00 per year. Sample copies free.

SPECIAL MAIL COURSE.—This is the finest and most comprehensive work on suggestive therapeutics which has ever been published. The second edition, revised and enlarged, is now ready for mailing. It consists of over three hundred pages of printed matter, twenty full page half-tone engravings. It is indexed and handsomely bound in cloth. It goes minutely into the treatment of all diseases amenable to treatment by suggestion, and gives in detail *one hundred practical methods for inducing the hypnotic condition*. It is complete and perfect; any one can use this force in his practice after reading the mail course. It is the only course which has received the universal editorial recommendation of the great medical journals. For terms of personal course, mail course, private treatment, descriptive circulars, etc., write to H. D. FLYER, Secretary, The Chicago School of Psychology, 4020 Drexel boulevard, Chicago, Ill.

Opium in Diarrhea of Young Children.

It is contra-indicated: (1) In the first stage of acute diarrhea, before the intestinal canal has been freed from decomposing matter; (2) where the passages are infrequent and of bad odor; (3) when there is a high temperature or cerebral symptoms are present; (4) when its use is followed by an elevation of temperature or the passages become more offensive.

It is indicated: (1) When the passages are frequent, with pain; (2) when the passages are large and watery; (3) in dysenteric diarrhea, together with castor oil or a saline; (4) in later stages with small, frequent, and nagging passages; (5) when the passages consist largely of undigested food, and the bowels act as soon as food is taken into them.—CRANDALL, in *N. C. Med. Jour.*

[Written for the MEDICAL BRIEF.]

Small-Pox or What?

BY J. M. GEORGE, M. D.,
El Dorado, Ark.

May I ask of the Editor of the BRIEF and its many readers what is this trouble we are having all over the States that is causing so much trouble and anxiety among the M. D.'s, Boards of Health and laity? It has been called by several names, but most often small-pox by the Health Boards and some few M. D.'s. Our Board of Health calls it small-pox when they find it confined to the negroes, but the whites have something else. My cases have been among the whites, so I have not called it small-pox. The President of the Board of Health says we have two diseases with the same symptoms, and lasting the same length of time. I guess he means one for the whites and one for the negroes, but in my opinion it is all the same.

I will say to start with, it is not small-pox or varioloid; or, if it is, vaccination does no good as to warding it off. It does not keep anyone from being successfully vaccinated after they have had it. I have vaccinated four in one family after they had it, and the vaccine took well in each case. The worst case I have had was successfully vaccinated four weeks before he contracted the disease. If this is small-pox it has got on its Sunday clothes, is in a good humor, and does not intend to disfigure any one, though for the first seven or eight days there is no very great difference in this and small-pox, but some of the symptoms are not so severe. I will give symptoms and history of cases I have seen.

First, they complain of severe headache and sore throat, which occasionally precedes other symptoms, sometimes twelve hours. Then chilly sensation, sometimes a distinct chill with lumbar pains and fever, which last about seventy-two hours; with the fever aching becomes general. The headache very severe all the time. In from twenty-four to forty-eight hours photophobia develops which lasts until the appearance of the eruption, which commences on the latter part of the third day, in little rose-colored spots, looking more like flea bites than anything I know of. This eruption generally commences around the edges of the hair, and in a few hours spreads over the head, face and entire body. Some claim it breaks out on the arms first, but I have always found it around the edges of hair first.

With the eruption the temperature, which, in some cases runs as high as 104° before the appearance of the eruption, falls one or two degrees, and the headache and lumbar pains and photophobia all get better, and in from six to twelve hours the papular stage is reached or commences, and in about twenty-four hours is complete. By the fourth day of the eruption, some cases the third, the patient is clear of fever and most of the papule abort, leaving a dark brown scab. Some go on to pustulation, but patient is generally up, and by the ninth to twelfth day of disease feeling as well as usual unless they are quarantined.

There is now no more rise of temperature after it goes down, which is generally from the fifth to seventh day. Children hardly go to bed and hardly ever have fever more than twenty-four hours after the appearance of the eruption (about four days in all). There is never any pitting (or very little) after this disease. The pustules are hardly ever umbilicated. Desquamation is complete by twenty-first day of disease.

I have been calling it chicken-pox for want of a better name. But I am pretty sure it is not chicken-pox, for two of my patients had had chicken-pox, so I called it a new disease, as, for my part, I am not satisfied what it is. Now if the Editor and the readers can give me some idea what it is I will appreciate their kindness. I have been a reader and subscriber for the BRIEF for nine years, and I take a great delight in recommending it to my friends as the best medical journal for the busy practitioner.

[It must be remembered that the character of epidemics vary with different years, and that diseases are seldom typical except in text books. Moreover, evolution is a universal principle, and the small-pox of to-day is not the small-pox of the fifteenth century Skin diseases of all kinds have been very prevalent this year.]—ED.

[Written for the MEDICAL BRIEF.]

False Pregnancy.

BY JOSEPH V. CAPEL, M. D.,
Harrisburg, Ill.

On the night of January 8th, last, I was called to see Mrs. B., aged sixty-three, the messenger informing me it was a case of obstetrics. On arriving at the home I found the old lady, who was many times a grandmother, in bed with knees flexed and assistants holding her hands, apparently suffering great pains of the labor type. So hard and frequent seemed the pains that I hastened to wash my hands and make an examination, lest my tardiness in reaching the patient—owing to the long distance (ten miles), as well as the darkness of the night and the miserable condition of the roads—might render me too late to administer in the last agonizing pains of a tardy labor. On questioning, I had learned from the patient, between pains, that she had menstruated last thirty years ago, and that four and a half months ago she felt the movement of a child, which movement she knew only too well, being the mother of nine children; said movement became more frequent, and much more distinct, and the knees of the child could be distinctly outlined at times; that milk (a few drops) appeared in the breasts, which had been dry for more than a quarter century, and many other what she called unfailing signs.

On examination I found the abdominal walls very thin (the patient weighing but one hundred pounds), and entirely normal, the os was high up, small and pointed, with mouth firmly closed, the womb was but little larger than that of a virgin's, the condition of the ovaries and broad ligaments was normal. In other words, the woman was not pregnant at all, notwithstanding she had insisted on wearing her clothes much larger, and had made all preliminary preparations, such as wardrobe, etc., for the expected, but rather belated, little addition to the family. When I informed her she was not pregnant at all, she, for a long time, would not believe me, but when I did succed in convincing (?) her against her will and gave her a tablespoonful of placebo, she ceased to have pains, turned on her side and slept soundly until daylight, and has not since suffered another labor. (?) pain, and is now enjoying splendid health and laughs heartily at the joke she claims to have played on us.

Now, some of the striking features in this case are: 1. Felt the quiver and afterward the distinct movement of the child. 2. Claims her breasts enlarged and gave milk. 3. Enlarged all her clothes several inches and insisted that her abdomen was much larger than usual; made clothes for child, etc. 4. Exactly to a day, four and a half months from date, she first felt movement of child, was seized with labor pains and sent for the doctor. 6. On finding her mistake, the pains all at once subsided, to return no more. This woman's sanity has never been questioned, but, on the contrary, has always been considered rather above the average in intellect.

Pneumonia.

The most successful treatment consists in giving the patient a hot water bath. When nothing better was at hand I have often called for a teakettleful of boiling hot water, a bucket of cold water and a bathtub or large washtub. Seating the patient on a stool in the tub, covered with a sheet, having the water mixed in a wash basin as hot as can be borne, I ladle it on the sheet covering the patient. From the teakettle of boiling water and the pail of cold water the wash basin is kept replenished. The hot bath is kept up for thirty or forty minutes. If the patient complains of suffocation, cut a hole in the sheet and let his nose out. While under this simple operation, patients, by inhaling the hot vapor, will expectorate a large amount of mucus, and sometimes more or less blood. The heart action is improved, and the dyspnea is greatly relieved; in short, you have respited the patient and gained time for the operation of medicine.—DR. A. CHASE, in *Pacific Med. Jour.*

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THE MEDICAL BRIEF

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Editorial.

Why Is It?

Ever and anon some pompous medical gentleman, with ludicrous assumption, and totally ignoring the real issue raised by the BRIEF on the subject of antitoxin, asserts that it does do good in diphtheria, for he has tried it, and found it beneficial.

Even so. We do not, and have not, denied that good effects follow the use of antitoxin in certain cases of diphtheria. But we have said, and emphatically repeat, that it is the carbolic acid in antitoxin and not the serum *per se.* As proof of our statement, we offer the *facts* that an aqueous solution of carbolic acid, same strength as that employed for antitoxin (one-eighth of one per cent), will do all that antitoxin can, and that the serum, without the carbolic acid, will do nothing.

Furthermore, antitoxin is only useful when employed early in cases exhibiting the indications for carbolic acid, to wit, high blood pressure, strong, full pulse, red, swollen, painful throat, hard to breathe or swallow.

If carbolic acid alone will do all that antitoxin can, and the serum, alone, is inert, if not poisonous, where is the sense in using an expensive humbug? Why make the patient pay fancy prices for a myth? Why involve medicine in the obscurity of superstition again? Why support and give countenance to a fraud? Is, or is this not, quackery, even though it sit in high places?

Will pomposity please come down to the practical issue and give us clear and direct answers to these questions? We have had enough of statistics. They can, apparently, be twisted and turned to suit any purpose.

If carbolic acid and antitoxin produce identical results in the treatment of diphtheria, and the serum can not be used without the carbolic acid, we can not avoid the conclusion that it is carbolic acid, not serum, that does the work.

Sexual Health.

Health, in its broadest sense, is the result of the normal use of all the organs and faculties of the individual.

Where any one or more are unused and consequently undeveloped, others are sure to be over-used and over-developed, therefore becoming a source of weakness. Health implies a harmonious adjustment and balancing of all functions. To habitually ignore, or overwork, any one part is to wrong the whole system and dwarf the growing being.

The relation of sexual health to general health, happiness and well-being is important, and is too much belittled and neglected by the average doctor. The subject has its scientific aspects, and comes within the legitimate domain of

the physician. The clean-minded practitioner, anxious only to aid those who seek his services for the relief of sexual troubles, will repress any impatience or contempt which he may feel, and give his patient sound advice, and the indicated treatment, that the latter may make a fresh start, with sexual health restored, and his pathway freed from the night and pitfalls of ignorance.

Sexual ill health may be natural or acquired. Normally, the sexual organs, like the digestive organs, should give no trouble, but be able and ready to answer the prompting of Nature. But wrong life, the use of stimulants, alcohol, tobacco, narcotics, over-eating, with formation of uric acid in excess, sedentary life, infectious diseases or abuse of the organs, excesses of any kind, will weaken the sexual apparatus, cause irritation and congestion, sapping brain energy, and making the organs a focus of disease to cause friction and reflex trouble throughout the body.

There are, also, natural causes of sexual ill health for which the patient is not responsible, as in cases of malformation, imperfect development, and *a want of circulation in the parts*. This last condition is responsible for most cases of sexual frigidity in both sexes.

Eighty per cent of impotents suffer from prostatic congestion, hyperesthesia of the deep urethra and weakening of the muscles which govern ejaculation, resulting in imperfect erections and premature emissions. There is usually no want of desire in these cases, simply a want of power. In frigidity, on the other hand, there may be latent power, but the organs are cold and torpid for want of circulation, and sexual indifference is the result.

To restore patients to sexual health, we must trace out the cause and show the patient how it operates. In cases of swollen prostate, with or without a discharge, sensitive urethra, poor erections and premature ejaculations, acid urine, irritable kidneys and bladder, drachm doses of Sanmetto, with one-sixtieth grain of strychnia three times daily, will put the organs in a normal state, provided the patient will observe good habits. The Sanmetto soothes the irritable parts, reduces the prostate and controls vesical spasm, while the strychnine improves innervation and restores muscular power. The strychnine should be alternated with five to ten-drop doses of Ergotole, and the Sanmetto with Celerina, which is, itself, a fine nerve tonic.

Poor general circulation is another factor which contributes to the production of impotence, especially of a psychical nature. Self-confidence and a sound heart are natural concomitants. Two Cactina Pillets several times daily will tone a hysterical heart.

The above treatment is also indicated, for its tonic effect, in cases of frigidity, but something more is needed to promote circulation in the parts. They should be bathed in Ecthol, undiluted, using gentle massage. The arousing effect of this remedy on the capillary circulation and peripheral nerve-endings of the sexual organs differs from that of all other local applications. It does not cause an inflammatory rush of blood, which is prolonged, resulting in passive congestion and weakness. It acts naturally, seeming to send a gentle magnetic current to the erection center, followed by a normal erection and natural subsidence of the blood flux.

This local use of Ecthol will be found infinitely superior to mechanical appliances, which are dangerous. It is also applicable to, and very successful in relieving, sexual frigidity in women.

In treating diseases of the sexual organs, always take measures to avoid constipation; if the trouble is obstinate and its cause obscure, make a thorough physical examination of the rectum.

Property Rights and Individualism.

Special laws make war on individuality, yet individualism is the sum and substance of progress. Communism and individualism are antagonistic, yet supplementary forces. Individualism is found on the summits of experience and evolution, where it keeps watch on Nature's ways and means, handing down the result of its observations, insight and calculations in the shape of organized knowledge.

Communism lives down in the valleys of life, where men mass their ignorant,

undisciplined strength, and try to find in association freedom from the consciousness of weakness and deficiency.

Individualism is free and independent in its nature; communism loves arbitrary government. The one is elastic and adaptable, ever-growing and changing in its nature; the other, machine-like, comprehends nothing higher than routine precision. Individualism is the type of Anglo-Saxon citizenship; communism of Continental European despotism. Individualism gives us evolution; communism gives us authority.

In America, as in no other country, we have the forces of individualism and communism striving side by side. Here the fearless Anglo-Saxon blood, with its vital instincts and love of fair play, flows side by side with a stream from Continental Europe, darkened by generations of ignorance and oppression. Natures cramped by restraint and dulled by sordid care, have no higher philosophy than to help themselves through laws which injure others. It is all they know—the teachings of all past experience.

Now individualism is founded on personal responsibility, and responsibility is developed in men by the instinct of ownership.

There could be neither progress, civilization, commerce, society, government, or anything else, unless a man's title to his property is respected and enforced.

It is to accumulate property that men labor in sickness and health, deny themselves indulgences to-day in order to put by for to-morrow. There is no other inducement which would move men to live sober, orderly, responsible, care-taking lives. The visible, tangible evidences of the various efforts put forth—the home, the flourishing business or farm, the stocks, bonds or other investments, are eloquent to their owner. They reward him for his struggle, tie him to his responsibilities and induce him to make still further efforts. He *owns* these things; he worked for and got them. They are the measure of his strength; the gauge of his capacity. He can benefit people. His efforts have made him necessary to some and influential with many. Pride, ambition, public spirit, develop and make him useful to his community in many unseen, unreckoned ways.

A man's natural right to property which he has worked for is as inalienable as the muscular brawn and mental fiber obtained in the same way. Ownership is the foundation of all material progress and prosperity. When communism seeks to abrogate natural rights by unnatural law, it lets loose all the evil and destructive forces in mankind to rage against and destroy the things which individualism has painfully constructed.

The continuous stream of special laws flowing from our various State legislative mills show the struggle of communism to subvert and injure individualism. If we want American liberty to continue enlightening the world, we shall have to turn to and educate our foreign citizens. No civilized society is possible that fails to recognize and build on the normal, basic instincts of humanity. There is nothing higher or better for the individual or the nation than enlightened, healthy selfhood, with all the rights, natural and acquired, which pertain to that estate.

Minor Ailments.

The multiplication of insidious, chronic, organic diseases, such as locomotor ataxia, multiple sclerosis, Bright's disease, cirrhosis of the liver, consumption and others, furnishes food for thought. Why are they becoming increasingly common, and how shall we prevent them?

Diseases like the above are due to the neglect of *minor ailments* of simple, functional disturbances—which Nature has not the vitality to throw off, and which gradually become engrafted on the system, increasing and extending in their morbid influences until organic changes in cell function and structure are established.

For these dire results of simple ailments, such as a cold or a spell of indigestion, we, as a profession, are mainly responsible. We have failed to impress upon people the importance of immediate treatment in every such case. Forgetful of the stitch taken in time, we have encouraged them to trust blindly to Nature and the good offices of time. We are willing to believe that the man,

whose surplus vitality is drained off through his brain, or muscular system, from day to day, can recuperate without assistance in the midst of depressing and exhausting influences; that a woman can throw off morbid conditions, notwithstanding her nights are rendered sleepless by a fretful baby, and her days crowded with sordid, anxious cares. As for children, we take it for granted that high-pressure education and the demands of a developing body, leave an abundance of vitality for them to "outgrow" abnormal conditions.

The people do not know any better than to believe in this indolent, shirking wisdom of ours. It suits their book to sit still and wait for Nature to perform a miracle in their behalf. But there comes a time when the policy of deferred payment is no longer tenable. Minor ailments—simple functional disturbances—do not stand still. They get better or worse, and in this fast age it is usually worse. Then the physician is confronted with the accumulated consequences of what was originally an easily curable disorder. And again we resort to the ostrich-policy, humiliate medicine and stultify our calling, by pronouncing the disease incurable.

Civilization makes such draughts on the natural force, which we call vitality, that the system does not, and can not, combat disease with the energy of a ruder age. The profession must teach men this. Hygiene, sanitation and the prompt treatment of simple ailments must be made to replace this loss of vital combativeness if the race is to enjoy health and longevity. Because a departure from health does not entail actual pain or inability to work, it does not follow that it may be safely ignored. On the contrary, it is just such slight breaches of physical integrity which gradually wreck the constitution.

Educate your patients to come to you at the first sign of something wrong. When they have trouble getting to sleep, when headache becomes common, when food tastes like ashes, when they have hard thoughts of friends and neighbors, when there is always a bad taste, when they bloat up after meals, and smother on slight exertion, when they suddenly increase in weight, and so on.

Once the profession has educated the people up this far, and courageously decided to meet the responsibilities so incurred by hard thought and active measures, we shall have few cases of incurable disease, and the calling of the physician will be revered and *paid* beyond all others.

The Wronged Manufacturer.

Our position on alcohol, as a beverage, is well understood by BRIEF readers, but alcohol, as manufacturing material, is a necessity in many industries.

The passage of the Wilson Bill, during the second Cleveland administration, raised the beverage tax on alcohol twenty cents a proof gallon for revenue purposes. It was generally recognized, however, that medicinal preparations, in which alcohol is largely used, are public necessities, and that it was opposed to public policy to add to the tax on alcohol (already high) used in manufactures. The bill was therefore amended, providing for the payment of a rebate equivalent to the amount of the additional tax on all alcohol used in the arts or the preparation of medicines.

On this understanding, manufacturers went along buying and using alcohol, paying the increased tax, selling their products at the old prices or less, relying upon the rebate of the alcohol tax to protect them and furnish them the necessary profit.

Not a cent of this tax was ever refunded to them. Mr. Carlisle, the then Secretary of Treasury, for some peculiar reason, supposed himself superior to the will of the people as expressed by Congress, and refused to make regulations for the payment of the rebate, though specifically directed to do so by that body.

It is a new thing for Americans to see their servants in office vetoing and nullifying the provisions of tax laws passed by their representatives in Congress We have always supposed, and the Constitution apparently says, that the power of taxation rests in Congress alone; but Mr. Carlisle's contempt for the action of Congress, and refusal to abide by its directions, arbitrarily vests in him a power which few kings enjoy nowadays.

The bad faith and broken pledge imposed upon the Government by Mr.

Carlisle's extraordinary action, places the manufacturers of the country in a sorry plight. They paid in some six or seven millions to the Government, as a matter of form, and with the distinct understanding that this money was to be returned to them. Is this a plain steal? Is the United States Government a highwayman? Is a promise involving equity to be broken, a legal contract violated, because the United States is the party of the first part? Such financial diplomacy is foreign to American principles.

If something is not done soon to enforce the payment of this rebate, it will not only dishonor the Government and demoralize those who deal with it, but higher prices for medicines, chemicals and other articles, in the manufacture of which alcohol is used, must rule, working a practical hardship to physicians, their patients and the general public. For this reason, it behooves physicians to raise their voices and express themselves freely on the delinquency of the Government, to the end that the present administration may be aroused to the necessity of returning the half dozen millions gotten out of private citizens under false assurances.

An Infamous Thing.

A certain wholesale drug house has issued a circular, in which they claim to have the formulas, and can furnish all the ethpharmal proprietary medicines made for physicians' prescriptions.

Now, this is a most infamous thing. How can they have the working formulas and manufacturing processes of the genuine preparations? Where could they get them? Are they so ignorant of the science of pharmacy, and of the general principles of all manufacturing art, as to believe, or think that anyone else will believe, that the mere combination of guessed-at, or even known, ingredients, will furnish a satisfactory substitute for the product of years of experience, perfected laboratory facilities and methods?

It would be a very unsophisticated hostess who would consign the preparation and serving of an elaborate dinner to an inexperienced cook; or the making of a handsome dress to a plain seamstress. Yet this drug house apparently takes it for granted that physicians, whose reputations and bread and butter are at stake, will believe their claims.

Nothing in the world can take the place of experience and character in the conduct of a business. If this were not so, we could have no civilization. A thing that is cheap is so, not only in price but in quality, potency and every other way. It is a deplorable thing that men have to do with cheap things at all, and this sad necessity should be stringently avoided in the matter of medicines and foods.

The man who urges the advantages of cheap remedies—imitations and substitutes—does so solely for his own pecuniary advantage. But higher considerations must and do move the physician. He can not get the same results from poor medicines that he does with good ones. If he tries to make shift with inferior drugs he loses more in the long run, through dwindling patronage and diminished prestige, than better ones would have cost, to say nothing of the violation of his moral obligation to the patient to give him every chance for a prompt recovery.

The doctor away from home would suffer to think that the health and life of a member of his family was risked by the substitution of cheap imitations for standard remedies. He would wish that sufferer to have the best at any sacrifice, and he can do no less for his patients than he would have done for himself and his.

But the doctor will have to bestir himself energetically. It is easier to make a living selling counterfeits than to introduce something original and useful. Many druggists do not see the matter right, and conspire with the pirate manufacturer to impose on doctors and defraud their patients. The doctor must look out whom he patronizes, and exercise a reasonable amount of surveillance over his druggist's stock. Doctors who prescribe their own medicines are too good business men to be caught by the infamous propositions of shady drug houses.

Self-Control.

The medical profession is continually besieged by a multitude of neurotics for relief from the thousand and one torments which make existence a living hell to them.

Drugs help them temporarily, but soon wear out. The same is true of various climates, electricity, baths, massage and the different fads. Drugs and therapeutic measures are useful in their places, but the great primary need—the only safe anchorage—of the neurotic, is the practice of self-control, the judicious development and exercise of will power. The will is the individual's grip on life—the measure of vital resistance to the forces of decay and destruction.

A feeble will must be directed and guided along correct lines of thought and action until it is intelligent enough and strong enough to find its own way among the complexities of life. In the start, the responsibility rests upon the physician to devise simple measures, and lay strict injunctions upon all such patients to think the thoughts and do the things prescribed by him.

The cultivation of natural gifts, the acquisition of new powers and attributes increases the individual's ability to control himself. All kinds of handicraft, various exercises and sports, mental calculations and reasoning processes, entered into with a determination to derive pleasure and profit, in moderation, build up will power, and strengthen mental balance.

Worry has been described as mental anarchy, and is the bane of the neurotic. It disorganizes the mind, disorders the body, poisons the secretions. Worry can only be banished by the acquisition of self-control. Worry is not so much the result of unpleasant circumstances as of bad mental hygiene. No one is free from external causes of worry. The difference between men lies in the varying spirit and habit of mind with which we meet sources of friction and disturbance.

Once make a man understand that he is not responsible for the Universe, or for anything but his own thoughts and acts, that these are entirely within his own control, provided he will make the necessary effort to discipline his mind and train his energies by means which common sense directs, and existence becomes a boon to him. The strength, power, ability to dare and do, the self-poise and self-command which the practice of self-control gradually develops, laughs in the face of the ordinary stings and obstacles which fate imposes on men.

Teach your neurotic patients to resolutely cultivate optimistic habits of thought and feeling; to let their interests and sympathies reach out and find expansion in public questions, and to engage in physical exercises which are progressive in their nature, contributing new powers and accomplishments to the patient's list, and thus increasing his stock of self control.

Rheumatic and Respiratory Fevers.

Rheumatic and respiratory fevers are two of the commonest conditions with which the doctor has to do battle. During the cold months the skin is inactive, the work of elimination falls upon lungs and kidneys, and there is normally a *physiological congestion of these organs.* Persons who lead inactive lives and are much confined to the house, do not get rid of the uric acid formed in excess at this season. On the contrary, it accumulates, irritating and weakening the nervous system so that some trivial exposure is sufficient to increase the physiological congestion of the lungs to a pathological degree, and we have pneumonia, bronchitis, etc

In other cases the excessive uric acid is deposited by a sluggish circulation in joints, tendon sheaths, fasciæ, etc., causing erratic pains, neuralgias and various localized disturbances. When this saturation of the system reaches an intolerant point, there is a spontaneous outbreak of rheumatic fever, attended by great pain and restlessness.

Anti-rheumatic treatment will cure all these cases, whatever the name of the disease, because it reaches and removes the *primary conditions of uric acid saturation.*

The very best treatment known for the relief of rheumatic and respiratory fevers, also the pains and aches which precede and accompany them, is two teaspoonfuls of Peacock's Bromides to

one of Mellier's Tongaline, every two hours. The dose may need modification to suit the individual case, but the proportion of the two ingredients should be observed.

The formula of Tongaline, containing tonga, cimicifuga, salicylate of soda, pilocarpine and colchicum, is most admirably adapted to rheumatic and feverish conditions, while the Peacock's Bromides controls the nervousness and restlessness.

The good effects of this combination are quick in manifesting themselves. Physicians who try it will abandon all other treatment. If the heart should show signs of weakness, a little strychnine will overcome this, but the salicylate of soda used in Tongaline is made from oil of wintergreen and seldom has any such effect on the heart.

If doctors will take care to get the original Peacock's Bromides and Tongaline, and give them as above stated, they will be able to cut short the various rheumatic and respiratory fevers, saving their patients much suffering. Best of all, this combination relieves pain without the use of morphia, and so avoids the danger of forming the morphine habit.

Religious Intolerance.

Doctors, as a class, are very tolerant. Surprises and disappointments are the order of the day with them. They are compelled to change their opinions so often, and understand so well how physical states dominate mental conditions and color views, that they are prevented from growing narrow and hide-bound. If any further proof is needed, it is seen in the tolerance with which the Editor has been heard on a variety of subjects.

Religious intolerance has done a great deal of harm in the world, and without a shadow of justification. There is no reason why a man who believes in the revelation of Moses should hate the man who believes in the revelation of Mohammed, or still another who believes in the revelation of Joseph Smith, the Mormon. No proof can be adduced in any case. The believer must take another man's word for his belief, and why should he not be allowed some natural choice?

Every man either accepts the religion in which he has been reared, or adopts that which best suits the needs of his nature, according to whether religion is, or is not, a vital thing with him. The man whose affectional nature is paramount, craves a religion of pure love. Such a religion is best suited to develop what is highest in him. The man whose esthetic nature is large, wants the forms and ceremonies which delight and impress the artistic sense to be distinctive features of his religion. And the energetic, practical man must have a religion of character and works to satisfy his robust nature.

Is this not the result of intuition? If religion is to be a guiding finger, a helping hand in natural development, shall not the man be true to his instincts in seeking that which is best for him? Where is there any room for intolerance? If these various forms of religion meet certain needs in human nature, does it not follow that all are good, within their limitations, because useful? In fact, is it not true that everything in life which is good is part of religion, and that religion is not, and can not be, sectarian?

Shakespeare makes Shylock say, "I will buy with you, sell with you, talk with you, walk with you, and so following; but I will not eat with you, drink with you, nor pray with you." But does this intolerance prove that Moses' revelation was any truer than any other man's revelation? John Brown might have a dream and a revelation to-night which is true for him because he believes in it, and it becomes true for others who see with his eyes and think with his mind. But intolerance does not prove anything; it only shows the natural ugliness, egotism and cruelty which may be practiced in the name of religion.

Intolerance is a disease which fastens on religion and destroys its helping spirit. Christ did not say that force, aggressiveness, or compulsion would free men from sin. He said: "The Truth will make you free," and that "Love is the fulfilling of the law."

Tolerance is a great boon to the world because it is the atmosphere of progress. Religious intolerance was the greatest obstacle to the development of the arts

and sciences. Looking at both sides of all subjects makes men tolerant, and it is for this reason, rather than a desire to make converts, that the BRIEF speaks freely on matters religious, political and economic, as well as medicine. The doctor who is unwilling to learn tolerance had better quit practicing medicine and become a preacher.

Thou Shalt Not Tempt Thy Neighbor.

The growth, in America, of methods and ideas brought from Continental Europe, is fearful. The Molyneux trial is a fine illustration of this development. A respected citizen of New York, scion of an old and reputable family, never hitherto accused of any worse fault than a quick temper, has been convicted of murder by methods which are an outrage on humanity.

The crime—if crime it was—was perpetrated in so roundabout and devious a manner that only by concocting the most ingenious and plausible theories and hypotheses, stretching and straining at such facts as were to be had, confusing the minds of witnesses by the suggestive method of examination, and placing undue reliance on the testimony of handwriting experts, could a conviction be obtained.

In fact, the case seems to have been *tried* by the prosecution. Prejudice seems to have taken the place of justice, suspicion of fact, in the hearts of every man concerned in determining judgment. This method of procedure is thoroughly un-American. It is derived from Continental Europe, where law is supreme and man a puppet. On the Continent, a suspected man is already condemned; his trial is a farce, so far as liberty and justice are concerned. We do not hesitate to say that nowhere in America, save in the city of New York, could a man be convicted on such flimsy evidence, and by such unfair methods, as were adopted in this case.

Conviction hinged chiefly on the testimony of handwriting experts. The prosecution paid these witnesses *fifty dollars a day* to help convict the accused. Fancy prices for witnesses is un-American. We do not breed and retain assassins in this country; neither should we tempt the cupidity or arouse the zeal of men for partisan ends. Partisan expert evidence defeats the ends of justice rather than aids them. It puts a severe strain on human nature, and arrays self-interest in behalf of, or against, the accused.

Witnesses should be protected from human weakness as far as possible. No discrimination should be made in regard to the nature of any testimony. All witnesses should be summoned by the State, paid a uniform, nominal fee for their time, to be reckoned in the costs which fall on the losing side.

The whole country has been stirred to the deepest indignation at the spectacle of a man actually hounded to his doom by the adoption of foreign methods in an American Court of law. Down South, where Anglo-Saxon blood and sentiments retain their purity, the life and liberty of a respectable man could not be taken from him by any such methods. Court and jail would be mobbed first.

Of the many attempts to blacken the prisoner's character by irrelevant charges, the attack on his wife's good name is the most contemptible. The relations of the prisoner and his wife before marriage have nothing to do with the charge of murder, throw no trustworthy light on the subject, nor in any way help to substantiate the accusation. This vicious effort to wantonly injure the prisoner must recoil upon the prosecution, in the minds of thinking men.

If Molyneux goes to his death on such flimsy evidence as that which convicted him, it will brand New York, and through that State the whole nation, with a stigma equal to that of the Dreyfus case. In this terrible emergency—with the supremacy of American ideals and principles hanging in the balance—we look with confidence to the action of Governor Roosevelt, heretofore a most courageous champion of individual rights. He has shown himself intelligent and independent in the interpretation and enforcement of American principles of government; and we hope to see him rescue New York from the evil domination of foreign influences and methods in this case, by securing for Molyneux a fairer trial, or failing that, such a mitigation of sentence as will provide for the very reasonable doubt as to his guilt.

Sowing and Reaping.

If a man goes into a field and sows seed, he naturally expects to, and does, reap the harvest in due time.

If he starts a store, is pleasant and attentive to his customers, anxious to discover and supply their wants, is prompt with his account, he reaps material prosperity.

If he becomes a doctor, studies the problems of clinical diagnosis, unravels the significance of symptoms, learns the indications and uses of pure drugs, he reaps a harvest of medical knowledge, which gives him reputation and success in treating disease.

Experience and science, through many mistakes, false starts and heavy penalties, have shown the teachable that sowing and reaping are cause and effect in every department of life. When Jesus came he confirmed the lesson. But the Church, anxious for wealth and power, perverted these teachings and took advantage of human weakness for corrupt ends. She formulated a creed teaching men dependence instead of manhood, requiring them to subscribe to and endorse matters of belief, forcing them to make blind professions or be ostracised. For the essentials and requirements of intuitive religion, the Church substituted empty forms, meaningless ceremonies, artificial rites. Denunciation, persecution and blood-curdling punishment met every attempt of Intuition and Reason to throw more light on the problems of life.

This attitude of the Church left men no chance but to stumble blindly, through much transgression and suffering, into the light of experience, and a gradual perception of the inexorable character, the universal application of natural law. And the Church is reaping what it sowed in the weakening of its influence.

The true mission of the Church is to form correct public sentiment. To do this, it must become broader and more practical. If the Church would recognize the true sphere of its activity and usefulness, many mistakes, and the suffering they cause, could be avoided. Logic, by baring the workings of the moral law through the various questions and problems which beset a people, would give them light to work by. If the Church would do this, we should not have statute books groaning with impotent and fool laws, for public opinion would enforce the wise ones and abrogate the others. Nor would men do so many foolish and wicked things, believing that the Church has power to shoulder the responsibility, or that they can get out of it in some way.

Men must be brought to realize, also, that they reap, not only their own sowing, but share in the harvest of others—that we are, in very fact, our brothers' keepers, and that self-interest, if no higher motive, should induce us, by precept and example, to help that brother fight a good fight.

Environment is an important factor in our reaping. A man may obey physical laws and enjoy good health; he may conform to financial laws and make money; he may practice the laws of his calling and become proficient; yet if he selfishly ignores the general welfare, if he fails to throw his influence on the right side in public and political matters, he may see his country embarked on some disastrous policy, or plunged into a war, which will ruin him financially, wreck his health on military duty, perhaps end his life.

Much irreligion is caused by want of insight and discrimination in judging conditions and results. While the moral law embraces all others, even as the greater includes the less, yet other laws have their distinctive rewards and penalties.

A hard and narrow man, who does business in accordance with financial laws, will make money where a better man—one rich in the powers and attributes of manhood—would fail if he ignored those laws. And the money-maker may lose his health because, in the pressure of business, he neglects to comply with the laws which govern health.

Tonsillitis.

Tonsillitis is a very common disease of childhood. The activity of the circulation and the small size of the throat at this period of life make the symptoms appear so serious, the doctor is often tempted to do too much in the way of treatment.

Tonsillitis is a constitutional disease, preceded by some disturbance in the alimentary canal. The fever, if any, is usually centered in the head and seldom requires antipyretics. A few doses of aconite may be given if the child is very restless and hot. The tonsils are lymphatic structures and respond kindly to remedies which influence the lymphatic system. Empty the bowels thoroughly with an enema and give half to one teaspoonful of Iodia, in water, four times daily.

Swab out the throat morning and night with equal parts of Listerine and Ecthol. If the child is very young, or timid, it will be best to employ a spray. Rub the neck with spirits turpentine, to which a little oil may be added if the application is painful.

Give an abundance of strong lemonade, as it is cooling and acts as a corrective to the blood. Diet should be liquid for a day or two.

If the tonsils are very much inflamed, the child may be fed on crushed ice at intervals; if passively engorged, a warm decoction of slippery elm bark will be of use.

Where the disease tends to recur frequently the tonsils are usually hypertrophied. In such cases, they should be reduced by applications of monochloracetic acid to the crypts. If the fibrous envelope is intact and tough, puncture with a sharp lancet, then introduce the caustic. In these chronic cases, continue the Iodia until the diathesis is overcome, and use the gargle of equal parts Ecthol and Listerine two or three times daily, to keep the throat in a wholesome condition.

The Coming Man.

Scientists say that all animals should live five times the number of years occupied in growth and development; but the man of to-day does not fill out his natural term for want of the knowledge which the coming man will enjoy.

The coming man will not abuse his constitution and dissipate his vitality recklessly, because he will know the laws which govern his being better than his ancestors did. The coming man will use neither alcohol, coffee, tea nor tobacco. Experience is demonstrating over and over every day that alcohol is a destructive poison. Coffee and tea are both reactionary stimulants, doing more harm than good, except when employed as medicines. Tobacco debilitates the nervous system, making the organs irritable, especially the heart and kidneys. As for morphia, chloral, cocaine and similar agents, the coming man will shun them as he does smallpox.

In fact, the coming man will use few drugs, but he will know more about the powers and limitations of those few, will see that they are pure, and will use them in season. He will have learned that the time to get the best effects from medicines is while an ailment is new. Functional ailments depend upon some wrong of circulation and innervation. In the first stage they can be easily righted by the indicated remedy, but after the essential cells of a structure are affected, the disease becomes organic, and is very hard to manage.

The coming man will not run after fads. He will not be caught by the sensational exploitation of serums, nor will he go to extremes in behalf of any ism or pathy. He will be teachable instead of dogmatic, and will refuse to fence his mind around by creeds or codes of any kind.

The coming man will see that optimism is natural religion. That we live in a world of law, progress, evolution. That the sum and substance of these forces is Being—*ego*. That only a fool would build artificial walls of prejudice about the ever-growing mind. Faith, hope and work are man's best weapons. To use them to advantage, he must have all the light he can get, whether its source be orthodox, conventional, established, or the opposite.

Intuition will be more strongly developed in the coming man. He will be able to distinguish right and wrong, with less suffering. The multiplication of man's attributes, the cultivation and strengthening of his powers will increase his self-respect and self-reliance. The wisdom born of suffering and trial will have taught the coming man that, inasmuch as he must reap what he sows, and what others sow, the straight and narrow path is safest and happiest.

His ways will be more straightforward and simple, his manners gentler and more sympathetic, his conscience more scrupulous. Altogether, the coming man will find and make this old world a very pleasant place to live in.

It goes without saying that he will speak the English language, for he will be the product of Anglo-Saxon civilization, the world over. No other language can fitly express the ideas and conceptions of the coming man. No other language affords scope to properly describe him or to make him live before our eyes. No other language is so elastic, yet so definite and concise, so suggestive and symbolical in its meaning, yet so plain and exact. No other language is capable of such fine distinctions or such delicate shading in portraiture.

Perverted Nerve Centers.

There are certain diseases, notably epilepsy, asthma, migraine, which may be termed habit diseases. The habit of morbid action becomes fastened on the nerves and centers governing the organs concerned in the manifestation of disease—muscles, lungs or head, as the case may be. The cause may be located primarily in the defective nerve center, or in some disturbance back of that. In either event, unless the nerve center is properly treated, the habit will persist or the patient be left liable to relapses. At every little disturbance in the system the friction generated will run all over the various nervous connections to find and operate those which are weak and impressionable. Failure to recognize this pathological principle often makes radical treatment a failure.

In the treatment of explosive nerve centers there is no remedy equal to Peacock's Bromides. It should be given intermittently to avoid saturation. Use alternately a good tonic containing iron and bitters. Where there is a tendency to skin eruptions, minute doses of arsenic should be combined with the Bromides. Where capillary circulation is poor, use belladonna, or its alkaloid, with the Bromides.

On the other hand, where nerves and centers are simply weak, as in apathetic and neuralgic conditions, strychnia is the grand remedy. Used intelligently, it soon strings the nerves to normal tension. Strychnine does not yield its best effects unless the blood is pure. Get the coat off the tongue and then give your strychnine. A good cathartic and kidney depurator should precede the use of nerve tonics generally.

There is a third condition of torpid nerves and dormant centers, found particularly in the obese. Sensibility is dulled and the reflexes sluggish. In fact, the whole system is slow in getting its work done. Podophyllin will serve you well here. Find the right dose and give a prolonged, alterative course, alternating occasionally with dilute phosphoric acid.

Lastly, in the general and excessive irritability of the nerve centers which sometimes follows wasting fevers, minute doses of ipecac and opium will tone down the irritability as nothing else will. The tongue, in this condition, is small, pointed, red and *moist*. In giving opium in these cases, use Papine (which does not constipate), in the smallest possible dose, to control the wasting process set up and perpetuated by nervous irritability.

If the tongue is red, but dry and cracked, use dilute hydrochloric acid instead of opium.

Simple Remedies.

In our efforts to do something out of the ordinary, we often neglect simple remedies to run after fads, and so overreach the mark in treating disease.

Some time ago, the writer met an old friend who had been suffering for a couple of years from stomach trouble. He was haggard, emaciated, enervated. He told the usual story of going the rounds of eminent physicians in New York, Chicago and St. Louis, with occasional temporary improvement, followed by relapses and discouragement. His business was suffering for want of attention, his search for health kept him apart from family and friends, and the last physician he had seen had pronounced the malady gastric ulcer, or cancer, and advised exploratory laparotomy to determine his condition and give him any help that surgery might offer. He had had his stomach washed

out *ad nauseam*, and suffered all things at the hands of dietetic fanatics.

His principal symptoms were severe pain and cramping in the stomach after meals, usually continuing until relieved by vomiting. The vomited matter was highly acid, and often tinged with blood. Under these circumstances, he was poorly nourished and excessively nervous, with the general symptoms depending on these two states.

The man felt pretty desperate, and the writer suggested that, as he had tried so many heroic measures without relief, it would be a good plan to go slow for a while, and see what simple remedies would do.

Accordingly, he was recommended to eat as much as he wished at meal times of simple food, avoiding salty articles and condiments of all kinds as too stimulating. Fresh fish was largely substituted for meat, unsalted butter, well-cooked rice and cereals, baked bananas and similar and easily digested foods. He was told to eat very slowly, chewing his food well.

Before meals he was to take a teaspoonful of Seng, and one hour afterward five grains each of soda bicarbonate and bismuth subnitrate. He was also to drink two large glasses of water, sipped, not poured down, between meals, and one hot, at bedtime.

The poor fellow had suffered so much, and was so broken in spirit, that he carried out the treatment with automatic fidelity, albeit he had not a spark of faith.

In three weeks his improvement was so apparent he began to gather a little hope, and in three months he had regained his usual weight, and was attending to business with all his old-time vim and success. His gratitude was embarrassing.

Let us not lose faith in simple remedies. Used intelligently they will accomplish about all that science can do for man's relief. When they fail, it is usually because of some deficiency in our methods. We have not recognized the true significance of symptoms, or secured the right conditions. We are using a poor or substituted preparation. The patient does not take his medicine regularly, or is committing some hygienic sin, which undoes the good work of the remedy.

Listen.

There are a great many people in the world who refuse to listen to the discussion of any subject when they have once made up their minds about it. They inherit their opinions, accept those of a class; or, as in the case of some doctors, they adopt a belief dictated to them by self-constituted authorities.

Naturally, a second-hand belief will not assimilate. The man who chooses this easy, but slavish, way of getting ideas and opinions has not investigated and weighed the facts in the balance of his own logic. He has no real knowledge of his subject, and consequently can not afford to enter into argument. He resorts, therefore, to the cheap device of sneering at and ridiculing his opponent, indulging in personalities, and in various ways demonstrating that he has no weapons at his command but prejudice, envy and jealousy; that he has no positive knowledge and dare not touch the real issue.

Men of this stripe are bugbears in consultation. A friend of the writer, sojourning in a country town, fell seriously ill, and called in the oldest village doctor, an experienced and well-informed man. A few days later a prominent city specialist visited the town to perform an operation, and the relatives of the patient took advantage of the fact to call the specialist in consultation.

He came and proved to be one of the pompous, self-sufficient, know-it-all-by-Divine-right kind of men. The attending physician attempted to explain his diagnosis and the reasons for it, but the great M. D. would not listen, poohpoohed his treatment and showered general ignominy upon his more modest brother. Neither did he want any information from the patient or family. He made his diagnosis by the books and wrote the prescriptions of authority. He assured the family, majestically, that all would be well, and retired.

His diagnosis was a mistaken one and his treatment aggravated the patient's condition. In forty-eight hours the sick man was at the point of death; the first physician was hastily recalled, and after a prolonged struggle, pulled him

through. Consulting specialists from the city are now at a discount in that particular town.

Doctor, get into the habit of listening. Listen to patients and friends. The Editor never listened to anybody half an hour in his life without learning something. Do not turn a deaf ear to discussion. Truth is essential to you. Prejudice, opinion, belief, are not the peers of honest conviction, and conviction is not to be had without free thought and investigation by all.

This pompous ignorance on the part of men whose capital consists in self-satisfaction and a genius for advertising and pushing themselves is responsible for the prevalence of fads like antitoxin and other serums. It requires neither knowledge nor ability to use antitoxin. You buy the stuff, squirt it into the arm and leave the results to Providence. A child can do the trick. But in rational drug therapy, the doctor must have positive knowledge of drug properties, a discriminating eye for drug indications, must see that his preparations are pure and active, must have experience in the use of his agents to give him confidence and enable him to calculate on results.

The practical, truth-loving man, anxious for progress, professional and financial success, soon learns to be shy of the authority-loving, fad-endorsing physician. He soon sees that the pompous ignoramus, for all his self-assurance, is a mere parasite on the profession, an obstacle in its way, and a constant source of humiliation.

Wild Cat Trusts.

The old wild cat banks brought the legitimate and honorable business of banking into bad odor at one time, and wild cat trusts have placed a stigma upon consolidated industries which only time and the rigorous practice of honest business principles can efface.

Every new phase of commerce has its era of speculation, which requires experience to control. There are always adventurers, men who live by their wits, hanging about the great marts, willing and ready to exploit the ignorance and credulity of human nature for personal advantage.

A few years ago trusts were a new thing in America. The first few formed organized for genuine reasons, and consequently prospered. They were business enterprises pure and simple. Then the get-rich-quick took hold of the idea. There was nothing genuine in the men and nothing substantial in their schemes. The "Trust," from first to last, was a paper affair. A few old rickety plants were bought in at two or three times their real value in trust stock. The combine was capitalized by a process of inflation, and a large block of the watered stock promptly sold for the benefit of the promoters. This stock was taken chiefly by small investors at a fictitious value imparted by favorable rumor set afloat by the interested, a highly colored prospectus, use of the names of supposititious financiers, who make a business of lending the support of their names to float speculative enterprises.

England passed through an educational epoch on the trust question. So much fraud and suffering resulted from the gambling features of trust combinations, that Parliament interfered and prescribed a process of organization, which scared off knaves, adventurers, and get-rich-quick men, by requiring them to pass through a searching ordeal at the hands of lawyers, reputable financiers, men of character and established position. Combinations are not forbidden to exist, or to benefit industry in any genuine way, but the speculative feature is very largely eliminated in the preliminary sifting and verifying process of organization.

Trust agitation in America will finally evolve similar regulative measures—measures which will leave us such advantages as lie in consolidation, higher organization, improved and more economical management, while cutting away the opportunity to bunko and defraud the public. In the meantime that public will do well to avoid investments in trust securities.

Terrific Consequences.

Will the whole nation become morphine eaters? If so, will not the Doctor be the cause of it?

These are terrible questions to ask, but the answer is equally terrible. There

is small doubt that the profession is responsible for the majority of cases of morphine habit. We do not believe that the Doctor begins to realize the harm he does. He simply does not think beyond the present moment. But however honest a man's intentions, they do not alter facts, nor can the Doctor shift his responsibility.

He visits a patient enfeebled by suffering. The judgment and will of the patient are impaired, his patience exhausted, and he demands relief. But the Doctor is well and has his wits about him. He can and should show the firmness and consideration which move parents in managing refractory children. Sick people are often like naughty children, and while the physician may strengthen them by a wise sympathy, he must not weaken them by indulgence.

Doctors should use bromides, aromatics, diffusible stimulants, hot applications, rubefacients, more generally for the relief of pain. Morphia is really a curse. Look about you and see the terrific consequences of a habit, all the time growing as neurosis becomes increasingly common. The man or woman, conscious of vague, chronic discomfort and weariness, to whom the mere effort to live is a burden, the trials and responsibilities of life odious, finding that a small dose of morphia makes him or her warm, comfortable, easy in mind, equipped with fictitious strength and ability, is almost certain to become a habitue.

For, when the morphia wears off, the individual's former condition is aggravated, his misery doubled by contrast. It is like coming from a warm, brilliantly lighted room into the dark, rainy street. The person shivers and hastens to blunt his consciousness of gloomy reality with another dose, and so it goes from bad to worse until he is a wreck.

There is no royal road to health and vigor for the neurotic. He can only be built up by painstaking, persevering efforts to live right. The Doctor should teach such patients that they are not up to the standard in the matter of heredity, must avoid reckless living and be faithful in the observance of hygienic laws. But above all, the Doctor must avoid initiating them into the hypodermic method of conjuring up good-feeling and well-being.

If the Doctor uses morphia during an illness, he is usually dismissed before convalescence is thoroughly established, and so does not have time to wean his patient from the drug, but leaves him in just the condition of mind and body to become confirmed in the habit.

Morphia is the most objectionable preparation of opium, because of the facility with which it may be obtained and used. When you do employ it, try to disguise the fact from the patient.

The Family Doctor.

The growth of specialism has left the cities practically without good general practitioners. The men of ability devote themselves exclusively to specialties. They set apart certain hours for consultation and office treatment, and when these hours are over, they become as inaccessible to the people as high and mighty potentates.

Specialists are necessary, of course. We must have men who know all there is to know in particular branches of practice, and it takes all one man's time and energy to do this. But there is a still greater need for all-round men—good, general practitioners, well posted and progressive, who are willing to put aside personal convenience, and come to the relief of patients whenever their services are in demand, day or night.

The majority of cases do not require a specialist. Acute illnesses, which run their course, or simple functional disturbances, which cause pain and disability, call for the services of a man who studies the body as a whole, understands the great sympathy between its parts and how easily a very simple treatment can unravel a complex tangle of disease.

Specialists are predisposed to pessimism—a great handicap in practice—because the worst cases are brought to them, and because they are apt to rest satisfied with local treatment. The general practitioner, on the other hand, has better success, because he takes a broader, more cheerful view, and tries to restore normal conditions wherever he finds morbid action.

There are better openings in the city for men of ability and energy as general practitioners than specialists. It is easier to name over a dozen specialists in any branch of practice than one really good general practitioner. There are plenty of doctors, who do routine hack work from year to year, but the general practitioner, who is a hard student, a progressive man, possessed of common-sense, genuine sympathies, and an honest desire to help his patients, is very scarce. They are more plentiful in the country, where life and its necessities press more closely on the doctor's notice.

There is room, financial success and welcome for such men in the cities, if they can bring with them, and retain, the rustic spirit of simplicity and helpfulness.

Importance of the Ideal.

The decay of Spain, the degeneracy of France, and the absence of progress in many nations of the old world, arouses a natural interest in the minds of patriotic Americans as to the causes. A knowledge of these will be of use to us, for it is easier to ward off disease from the body politic than to cure established evils.

Decay begins in one little spot and spreads. National decay, like national progress, begins with the individual, extends from class to class, until the foundations of society are corrupt.

The *absence of ideals* is the primary cause of degeneracy, individual and national. Wherever the ideal exists in the minds and hearts of men, we find faith and works, courage and convictions; a never-satisfied striving after what is highest and best in achievement and character.

The idealization of work, however humble in its nature, glorifies it and fills it with perpetual interest. The idealist loves his work and makes it vital. It quickens and takes on human characteristics. It responds to the growth of the worker's being, and in turn, influences and develops that worker.

The man of ideals finds a practical object at hand through which to utilize his energies and work out his visions of the infinite.

It was love of the ideal that moved Michael Angelo to carve his beautiful dreams out of the shapeless marble—a revelation of, and inspiration to, mens' genius forevermore.

The practical idealist is a sane, healthy, happy man. There is no revolt, no dissension, no discord in his nature. He does not take alcohol or morphine to befool and stupefy his powers. He does not wander aimlessly through life, prating about the emptiness of things, the poverty of human nature, nor is he fond of displaying the ignorance of skepticism, the indolence of pessimism, or the mental alienation which hatred, envy and similar passions betray.

If the idealist is a rich man, his wealth does not own him. His pride is invested in the *qualities* which earned it and serve to hold it together. There is no menace to anyone in wealth garnered and humanized by the idealist.

If men can be taught to lift their work above the plane of automatic, grudging drudgery, to regard toil as an instrument for forming character, organizing and developing the body, a benefit to self, a service to humanity, part and parcel of a universal world movement, the rebellion against this fundamental necessity of life will be hushed in obedience to the teachings of natural law. Harmony will take the place of friction and strife. It is the hatred of work which makes it hard. When willing, intelligent co-operation with Nature's laws of life takes the place of ignorant revolt against natural conditions, the primal curse will be blotted out.

The truth will make us free, but we must follow the ideal faithfully, practically, to reach it. We must not be discouraged because it forever recedes from our eager eyes and escapes the utmost efforts of our hands. That is the nature of ideals. Our feet are stumbling upwards, our hands are stronger and more capable, our minds more richly furnished, our eyes, ears and other senses are being refined.

A nation of practical idealists is safe from degeneracy. Neither the physical agencies of alcohol and morphia nor the teachings of fanatics can undermine a society where idealism is firmly established. It is the basis of our Constitu-

tion and of Anglo-Saxon civilization generally. Our forefathers sacrificed their all to the ideal in government and left it—a sacred trust—to posterity to perfect and uphold. Let us not forget their struggles and sorrows, but preserve the fruit of their heroic efforts from the social and political taint brought to our shores from Continental Europe.

Chronic Eczema.

A *confrère* asserts that he obtains the radical cure of eczema where it occurs in isolated patches on the upper extremities and so rebellious to the ordinary method of treatment, as follows: After having washed thoroughly with soap and water the part and dried it, he rubs in vigorously a fifty per cent solution of caustic potash by means of a plug of cotton tied to a rod; he then washes the spot freely with water, and, finally, paints it over with a fifty per cent solution of nitrate of silver, and envelops the whole in aseptic cotton. This dressing is left in place until the cicatrix is formed beneath the slough, or from one to two weeks. The itching ceases immediately after the application of the caustics. Out of thirty cases thus treated, only one required the operation a second time.—*Med. Press and Circular.*

The Prevention of Sickness After Anesthetics.

Blumfeld, in the London *Lancet*, says that some of the chief points to be attended to in the avoidance of after-sickness are: (1) Use as little of the anesthetic as possible consistent with perfect anesthesia; (2) wash out the stomach at the close of the operation when much mucous has been swallowed; (3) in long operations substitute chloroform for ether after three-quarters of an hour; (4) move the patient about as little as possible during and after operation; (5) place him on his right side in bed with the head only slightly raised; (6) give nothing but hot, thin liquids in small quantity for at least eight hours after; and (7) do not alter the temperature of the room for some hours. With proper attention to these points one-third of the patients operated on will be free from after-sickness, and for short operations the proportion will be much higher still. In fact, after all administrations up to twenty minutes, or not much longer, sickness will be found to be the exception.

Goitre.

It has been my opinion for some years past that iodine alone was the essential medical remedy for the removal of such goitres as could be influenced by medicine, and with this idea in mind I have, during the last four years, treated three-fifths of my cases with iodine, and two-fifths with the thyroid preparation, and have found in thirty thus treated that the patients who received the iodine improved more rapidly than the others, and during the last three months my patients have been taking iodine, only accompanied by tonics as required. Few of them can take iodine steadily for many weeks without showing evidence of weakness; slight anemia is likely to follow, with increased rapidity of the heart's action; often slight dyspnea and headache with diminution of bodily weight. The prescription is as follows:

℞ Iodi (crystals) ..... 2 grains.
Pot. Iodid ..... 4 grains.
Spir. Vini. Rect ..... 1 drachm.
Syr. Simplicis ..... 1 drachm.
Aquæ Destill ..... 2 ounces.

M. Sig.: A teaspoonful in a wineglassful of water, one hour after each mealtime

After about two weeks, sometimes from the beginning, an iron tonic is given; and if the patients are weakening rapidly, strychnine combined with calisaya and iron, the iodine being discontinued for a week or two at a time. After three weeks there is usually a perceptible difference in the size of the goitre. In six months many of the goitres disappear, others are reduced to from one-half to one-eighth their original size.—FREDERICK G. SCHAEFER, in *Jour. Am. Med. Asso.*

Without a Peer.

Dr. C. R. Starkweather, West Cummington, Mass., says: My experience with Cactina Pillets has been very satisfactory to myself and patients. As a heart tonic I consider it without a peer.

[Written for the MEDICAL BRIEF.]

Germphobia.

BY ROBERT A. CASON, M. D., PH. D.,
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As there has been so much said in the different journals concerning asepsis, antisepsis, etc., and as I have read so many articles advocating aseptic treatment in medicine, surgery, etc., I would like to express my idea concerning such treatment, though I can not agree with them.

I believe in cleanliness in every sense of the word, so far as the bounds of reason are, but when it comes to boiling all instruments, water, bandages, and all appliances used in surgery, I think it is time to stop, think, and use a little common sense.

The tendency, with a few physicians and surgeons, is to lead the profession, and to do this they think they must get up something that the laity really needs, and that it must be a new idea or it will not be very popular. The next thing is a lot of imaginary successes in some very difficult operation which, of course, could not have been done without their new idea or discovery. Then they must have a bushel of testimonials from preachers, politicians, and people of some far-fetched distinction. They then have made a mark and name for themselves, which distinguishes them as the leaders in this branch.

Next, these leaders must have a following, and will have a following, for several reasons. First, some of the brother physicians will really agree with the would-be leaders, and will advocate the proposed plans, while the majority of the brothers will fall in line simply because they are afraid not to. The would-be leaders will accuse them of being behind the times; their fellow practitioners will say they are not up-to-date, and some of the wonder-seeking patrons will call them old fogies.

I believe in rewarding a man, be he whom he may, for genuine merit in any line—medicine, surgery, or any branch of art or science—but I do not believe in tickling the pride and pocketbook of the faddist at the expense of our honest convictions, and at the expense of the people for whom we work.

Take the diphtheritic horse serum that was gotten up by Behring. To use it we must have a genuine fresh article, which will cost three dollars to four dollars and fifty cents per dose here, and the only thing about it that is worth a cent is the carbolic acid that is used to prevent the serum from spoiling. Why not use the same amount of acid, which you can buy anywhere here for five cents, and get a pure article that is not contaminated with the decomposing serum?

I think if any of the good brothers who disagree with me so widely will come down here for a short while, I can show them, by actual experiment, on live subjects, and people, too, that there is not much in extreme aseptic treatment in surgery that is beyond common-sense cleanliness. I think I can show them that diphtheria can be treated without the use of horse serum.

I have seen notice after notice from different extremists, warning all practitioners to be careful and use different sanitary measures in obstetrics.

The majority of the negro women do not have a physician at that time at all, but have an old negro woman, and they are as ignorant as humans ever get to be.

These old "granny women," as they are called, do not wash at all. Oftentimes the bed on which the woman who is confined lies, is black and dirty as can be, and if they have an old, worn-out, ragged quilt, they are sure to use it. It matters not what condition the bed is in when the child is born, they are conscientiously opposed to washing the patient or changing the bed in any way, until they are able to get up and stay up. I have been told that the negro women never wash during menstruation, it matters not how filthy they are.

While I have not done as much surgical work as some, yet I guess I have done my share of that which was to be done in the vicinity in which I live. I have performed a good many operations, from Cæsarean section to amputation of a toe, and I never have gone to the extreme of boiling my instruments, appliances or patient, and I think that I have had as near perfect success in surgery as most men. I will give you the

history of a little case I had some weeks ago:

Just at dark, as I was coming home from the country, I met one of my neighbors bringing a negro man who had let his hand get on the saws of a gin. While in motion his hand touched the saws on front side, one saw cut the end of his little finger off; another cut the little finger on the inside near hand, and cut it open up to near the palmar arch of ulva artery. The next three fingers were sawed wide open through the bone until it entered the hand about one inch. The man then pulled his hand out about an inch, and let it go again, but not in the same cut that it did at first, so it made a triangular shaped cut, whose sides were about an inch long; the apex at the junction of fingers and hand and base in the palm of his hand (base still intact). The end of his thumb was cut off and thumb nearly cut from the hand. Now this was not as extensive as some other wounds, yet it was pretty badly torn up.

As I said before, it was at dark when I saw this patient; had no instruments except my pocket case; had neither local nor systemic anesthetic, and something had to be done at once, or my patient would have bled to death. I got a lamp from a store near by, laid the man on the ground, tied and twisted all the arteries that were bleeding fast. Then I took one or more stitches on the back and front of each joint, wrapped each finger with narrow strips of adhesive plaster, then with thin cotton bandage, and saturated this bandage with carbolic acid and glycerine, one to seven. I then had the man put in buggy and carried home, for he was too weak to walk, having bled until he fainted before he reached me. I did not see the patient for two or three days, at which time I dressed the wound; dressed several times afterward. He made a nice recovery, with a good hand, with the exceptions of the loss of the end of one finger and thumb, which were lost in the cotton seed at the gin.

I did not think to state that the negroes had covered the cut hand with spider webs, dust, smoke, etc., from the top of the attic of a near-by negro house. This is a prevailing idea among the negroes, and with some whites, too, as the way to treat a cut to stop blood, etc. Now, what could be worse to put in a wound, and yet it has proven to be good treatment.

I can give hundreds of instances of such cases, if it was necessary, to show that fully nine-tenths of the blow about microbes, animalculæ and germs generally, is all imaginary trouble. There are thousands of germs in everything we breathe, eat or drink, but they do not act as a poison, and, on the contrary, they are absolutely necessary to our welfare and even to our existence.

In the great majority of cases these germs do not produce the disease, but on the contrary, the disease produces them. I do not mean to say there is no disease that is produced by a certain germ, but these germs are not everywhere, and if they were, every person's system is not in the right condition to be affected by them.

Mr. Editor, I know you do not (fully, if at all,) agree with me, but that is all right. I do not care for a brother's tearing up my patch if I am allowed to fix it and have a lick at his. If you see fit to use this in any other way than in the waste basket, I will write further on the subject later.

[Written for the MEDICAL BRIEF.]

Anal Fissures.

BY R. N. FOSTER, M. D.,
Chicago, Ill.

In February BRIEF, page 252, "S. G." asks for hints or helps in above trouble. Allow me to suggest the injection, just within the sphincter ani, of one drachm of a solution of nitrate of silver containing three grains to the ounce of distilled water. It is painless, and cures at once—not large fissures perhaps, but small ones, and general irritability of the parts. Do not use stronger solutions than above. Repeat daily, if necessary. Try it and report.

Stomachic.

Dr. R. M. Funkhouser, Burnt Prairie, Ill., says: As a stomachic in old and stubborn cases of indigestion I consider Seng very effectual.

[Written for the MEDICAL BRIEF.]

Various Topics.

BY LUIGI GALVANI DOANE, M. D.,
New York City.

Dr. Cyrus Edson, of New York, says that there is no reason why we should not live to old age. He submits a few rules for our guidance.

1. Live in a healthful house.
2. Eat pure food well cooked.
3. Exercise the body and the brain.
4. Avoid excitement and worry.
5. Do not over-eat or over-drink.

As to the house we live in I doubt if such a thing as a perfectly sanitary house can be built. Even the most expensive of modern houses have serious sanitary defects, especially in this age of apartment and narrow streets, for from the narrow, badly sewered street, the soil of which is impregnated with sewerage, caused by leaking sewer house pipes, disease is caused. Many a case of diphtheria and typhoid can be traced to improper sewerage.

As to the food question, the investigations made by the present Congress go to prove that competition forces manufacturers to adulterate almost everything sold in open market. The numerous brands of baking powder are especially detrimental to health. They all contain alum or other drugs. The flour sold by grocers is also injurious, being in many instances a mixture of poor and good quality. Our cooking is an important element of health, but few Americans know how to cook well.

"God sends the foods,
The devil the cooks."

Bad cooking has helped to fill many a grave. When Americans learn how to cook well, diseases of the stomach will become fewer. An insulted stomach soon rebels.

As to exercise we all know the importance of it, but unfortunately we learn its value through experience and suffering, for many rush into excess in this respect. Riding bicycles, or jumping, or running when the system is fatigued or not in a healthy state. Man is so constituted that worry is unavoidable when we must look out for "the rainy day," or make provision for the future, we naturally worry if things fail to come our way.

Dr. Edson is a wealthy man and has never known want, hence his advice, do not worry, must be taken *cum grano salis*. While poverty may be a stimulant in some few instances, no one disputes the fact that wealth enables us to do good work; for, if our needs are supplied, and the future provided for, we have peace of mind, one of the elements of success.

I know of a surgeon in New York having great wealth. His work is excellent and he seldom makes a mistake. He says: "As the profession of medicine is a benevolent one and by no means lucrative, it seems to me that poor men should not become doctors. A poor man is a poor doctor." Poor doctors can not compete with rich hospitals. It is worse than idle to try to do so.

Many of your readers have heard of the hymn entitled "Nearer, my God to Thee." I doubt if any ever knew that it became historical many years ago. Read what Dr. Benjamin Howard says:

"NEARER"-THERE.

I shall never forget a scene I witnessed at Gettysburg. While the battle was raging at its greatest fury, and the noise of the cannonading added to the crashing of the small arms created a deafening uproar, in company with another officer I went into a farmhouse just in the rear of our lines, to which some of our wounded were carried. As we entered, a young officer was brought in by two of his command. As they laid him down on the floor he asked them to sing "Nearer, My God, to Thee," and then to leave him. He joined with them in singing the first two or three stanzas, when his voice failed, and as we looked at him he was dead. I doubt if this favorite hymn was ever sung before or since under such singular circumstances, or to such a strange accompaniment.

DR. BENJAMIN HOWARD, U. S. Army.

Dr. Howard was an eminent surgeon, and distinguished himself during the civil war. The soldiers loved him and he died some years ago full of honors and veneration. Such men as he was should live forever. Your soldier surgeons will read the poem by Dr. Smith and be interested in the incidence spoken of by Dr. Howard.

On the ridge so fierce was the battle
It seemed like a picture of hell -
Just behind us a farmhouse was standing
Already shattered by shell·
They bore him in gently and laid him
On the hard and comfortless floor,

"Sing 'Nearer, my God,' and leave me,
For me you can do nothing more;
Go back to the boys and help them
Hold the ridge with their uttermost might;
And tell them from me it is easy,
So easy, to die for the right."
He joined with his comrades in raising
That wondrously beautiful hymn,
But quickly his pale cheek grew paler,
More lax grew each quivering limb;
His voice became weaker and weaker,
But his lips still whispered the prayer—
He was nearer each moment, nearer,
And as we watched he was THERE.

ANDREW H. SMITH, M. D.
New York, February 22, 1900.

Dr. W. Duncan M'Kim has just published a book entitled "Heredity and Human Progress." In this book he advocates the killing of criminals, idiots, degenerates, inebriates, and a great many other persons. If the blood-thirsty doctor would stop to think about matters he might change his views.

Many diseases are inherited, many others contracted by ignorance, and a few more are the result of climate. It matters not how a disease is contracted for its cure is the end desired. A healthy man may acquire a disease even when every precaution is taken by him to prevent it. Another may inherit some diathesis, and another will become rash, over-eat, over-drink, or rush into sexual excess; each contracts a disease resulting in some very bad result. We must bear with our erring brother, for none of us know how soon the helping hand will not be needed.

Poverty and vice and sickness are the result of our social system. We can not change that system until we can substitute a better one, and the substitution will be largely experimental and its results doubtful.

"'Tis better to endure the evils we have
Than flee unto those we know not of."
– SHAKESPEARE.

Safe and Sure.

Dr. W. A. Darling, Hewitt, I. T., recommends Bromidia to the profession as a safe and sure hypnotic. Gets better results from one-half drachm of Bromidia than from thirty grains of bromide potassium and chloral hydrate, and finds no evil effects from its continued use.

[Written for the MEDICAL BRIEF.]

A Case of Nevus on the Lower Lip.

BY MOHENDRA NATH KUMER, M. D.,
Meerhat, Baidyapur P. O., Bengal, India.

The patient is a lady belonging to a respectable family, mother of seven children. Past history is not one of uniform good health, she, like almost all of us, having had to pay her share of tribute to malaria. The lower lip, the site of the present disease, is thick since her childhood. About three years back after an attack of malaria, herpes appeared on the lip. The lip got thinned. The nevoid growth became prominent, and managed to burst through an aperture of the size of a pin head in the middle of the lip. The treatment resorted to at that time was a local application of styptic colloid. The aperture in time got sealed up, and there was no bleeding for the next two years. The only complaints she had during this period were occasional pain and a sense of heaviness, which, however, passed off of themselves. It was only a month before that she contracted malaria once more. Herpes appeared, the growth became prominent, and burst through an aperture of bigger size this time, causing much loss of blood. The local application of the styptic colloid, supplemented by a bandage, with pressure over the spot, has stopped the bleeding, and the aperture has got sealed up. The lip now is double the ordinary size. The leading surgeons here propose to secure the inferior coronary artery, excise the tumor and form a new lip. The patient is, however, not willing to risk an operation.

Mr. Editor, will you kindly go over the case and suggest any remedy that will save this poor lady on the other side of the ocean from the horrors of an operation on one hand and death through hemorrhage on the other?

[It would be well to give the patient Ectholinternally, teaspoonful three times a day, and apply it locally also. This may save an operation. This is an American remedy, but probably can be procured from Roberts & Co., 5 Rue de la Paix, Paris, France.—ED.]

[Written for the MEDICAL BRIEF.]

Correct Seeing.

BY W. P. HOWLE, M. D.,
Oran, Mo.

Old men use glasses for correct seeing. Ultra-scientific men use magnifying glasses for correct seeing. Instruments for enlarging the field of vision are varied and many. The microscope and any number of other scopes are used to bring into view things never seen or thought of before the invention of these instruments. But correct seeing can not be done by the use of instruments alone.

There must be "a power behind the throne," so to speak, in order for one to see correctly. A mind capable of analyzing the impression made upon the retina has a great deal more to do with correct seeing than does the use of instruments of precision. Sight without mental power to back it would be of little use.

Many of the lower animals have superior vision and can pass safely over ground where men dare not tread without the use of artificial light. This brings to mind another essential to correct seeing, viz., proper light. With good eyes, good light, and a good mind, one ought to be able to see correctly; but we find men with all these aids to vision who fail to see correctly. They seem to be looking in the wrong direction or for the wrong thing. Especially, when trying to make a diagnosis, one physician looks at the blood, another at the urine, another at mucus, another at the tongue, another examines the pulse, another takes the temperature, etc. The blood man says it (the blood), indicates certain lesions; the urine, certain lesions; the mucus, certain lesions; so with the pulse and temperature, etc.—but neither has arrived at a diagnosis. If asked to prescribe he will try to correct the lesion indicated by his special examination. The blood examiner pays no attention to other lesions. The urinary analysis man depends upon the urine for his diagnosis (solely). The tongue, pulse and thermometer man all follow suit. This partial diagnosis and treatment has led the profession into specialism. The latter has grown to such an extent that we now have men for each organ—men who do not try to know anything outside of their specialty. The eye specialist would not take charge of a case of typhoid fever, and the man who treats chronic diseases may not be able to diagnose simple eye lesions. This brings up this question: How is the average patient to find out what ails him? It is evident that he can not afford to visit specialist after specialist until he finds one who fits his case. If he had typhoid fever he might die before finding the right man. His better plan would be to go to some physician who has good common sense—one who looks upon man as an entity and has studied him as such; one who can look at the tongue and tell the condition of the entire alimentary canal; one who can examine the pulse and tell the condition of the nervous system; one who can see in the tremor of a single muscle the condition of the entire nervous system; one whose mind has not been befogged by looking for microbes; one versed in the conditions of health and disease; one who knows anatomy and physiology as they pertain to the right use of muscles, nerves and viscera; one who recognizes that there is a human life at the mercy of every physician who undertakes to prescribe; one who knows the conditions in which he can depend upon remedies tried and true; and one who is not afraid to put in action the forces he has learned to handle. In a nut-shell, one who can see correctly.

Small-Pox.

Dr. J. S. Fisher, Braman, O. T., is in the midst of an epidemic of apparent small-pox. There is a great variety of cases, and much difference of opinion, among attending physicians, as to the actual nature of the disease. Dr. Fisher would like to see a good article on the subject from an experienced man.

When Others Will Not Act.

Dr. G. H. Fuller, Windsor, Wis., is thoroughly convinced of the merits of Peacock's Bromides, having used it in severe cases where other bromides would not act satisfactorily.

[Written for the MEDICAL BRIEF.]

Small-Pox or Not?

BY J. A. KNIGHT, M. D.,
Eatonton, Ga.

In answer to inquiry of Dr. Truitt, of Idaho, as to the character of the eruptive fever, now prevalent in the States, allow me to say that it answers every description of small-pox, as written by Osler, Vogel, and others, who are regarded as the best authorities in Europe and America. Its clinical history, progress, complications, and the typical eruption excludes a reasonable probability of any other disease that I am familiar with, or can find in works on practice or dermatology.

It has been called by doctors who have never seen a case of small-pox, who view the situation from afar, and make diagnosis by mental telegraphy, Pemphigus acutus, impetigo contagiosa, urticaria bullosa, varicella; but it simulates neither the differential diagnoses easy, and no experienced doctor with ordinary intelligence should err therein. A physician's responsibility in this connection is serious, and a matter of much interest to the public, as grave consequences have and continue to result from errors in diagnosis. While I realize my defects everyday, as all doctors do who have practiced medicine thirty years, my experience limited, and certainly no authority on the subject. Allow me to say that in the winter of 1899 we had in our county about sixty cases, coming from a district densely populated, in which there had been about two hundred direct exposures, unprotected by vaccination. I was engaged by the county commissioners to look after the suspects, treat the sick, until the eruption decided positively the character of the case, then send to the hospital.

The death rate was about sixteen per cent, and I learned from the attending physician that laryngitis, with edema of glottis, and broncho-pneumonia, were the most frequent and dangerous complications. I have had this year in private practice two cases, one of which was of the corymbose variety; pustules coalesced in several patches were observed over the mucous membranes in mouth, palate and tonsils, violent inflammation of larynx and pharynx, and a train of nervous symptoms that rendered patient's condition somewhat serious, notwithstanding he was a young man of wonderful vitality. His fever ran through a period of eighteen days, primary and secondary, before desquamation began, and convalescence rather tedious; other patient more fortunate, has a discrete form, laryngitis very severe, primary fever about eight days, with no secondary or septic manifestation, and making a rapid recovery, but the pustules in each case present the usual characteristics of variola, and are unmistakable.

I will be glad to hear from my brethren upon the subject. It is becoming more extensive, and a source of great worry to the general public, and should interest the profession more. I will add that the marine experts in our State make a diagnosis of variola that vaccination modifies, and to a great extent is prophylactic, and I have never been able to successfully vaccinate a subject who has had it, and the fact of its losing some of its contagium and malignancy is no evidence against small-pox, as the same is true of other diseases in civilized countries.

[Written for the MEDICAL BRIEF.]

Albuminuria.

BY F. A. SANGER, M. D.,
Artman, Colo.

I have found capsules of apiol almost a specific for albuminuria of pregnancy. I use ten minims twice daily. It is a great help in chronic Bright's disease, reducing very materially the amount of albumin.

Can any reader of the BRIEF give the laws controlling the practice of medicine in Iowa, Nevada and Indian Territory?

Surgical Restlessness.

Dr. H. J. Jarrell, San Antonio, Texas, uses Papine in surgical cases almost exclusively, finding it superior to any anodyne in all surgical cases to keep patient quiet, and with less bad after-effects.

Inquiry Department.

Spinal Compression Again.

In September, 1899, number of BRIEF, I see an interesting article on "Spinal Compression." The case reported is similar, in many respects, to my own. Spinal compression is my own diagnosis, too, though I am not a doctor. I will state my case.

In 1889 I commenced book-keeping—my second term. After two years of service, I became afflicted with a very tired sensation in the back, about the fifth dorsal vertebra. It would come on late in the afternoons after working, leaning over the desk all day. After a while it amounted to a numbness that spread over my back between the shoulders. It would almost exhaust me. In fifteen minutes after I quit work and went to walk it would pass off.

I endured this about two years. The motion of my arm in writing caused a vibration of my frame that seemed to hinge at the point named. A feeling as if I might fall at any minute would come on me. I would beat my back with a heavy rule to try to restore normal sensation.

I gave up book-keeping in 1893, and have not done much work since. Up to then I would stand as much work as any man. In 1894, suddenly a tendency to settle forward and to the left side, came to my head. When I tried to hold it straight there was a slight shaking. Then a soreness and stiffness came in the spine and muscles on each side running up the collar. I could hear a crackling in my neck when I turned it. My heart went up, and ran for two years at ninety to one hundred and ten beats per minute. All this time, and up to date, my general health has been good. My muscular strength has not been apparently affected, but a feeling of utter exhaustion often overcomes me in the afternoon.

In the past seven years I have consulted thirteen of the most eminent physicians I could find in the United States and Canada. The diversity of their diagnosis is ludicrous. Two physicians three and five years ago) diagnosed *paralysis agitans*, and told me there was no cure. I reminded the last of these that no pain or soreness attended paralysis agitans. (The shaking of my head is a nervous, jerky shake, chiefly when leaning forward as in the act of writing. When standing or sitting straight, or turning the face to either side, it is perfectly steady.) He then claimed that my back and neck trouble had nothing to do with the shaking, though the soreness and crackling came on at the same time. This looked unreasonable to me.

Three physicians have diagnosed congestion of the spinal cord by thickening of the meninges. I took long treatment from two of these, with no benefit.

Two have diagnosed (several years ago) muscular rheumatism, and recommended a long course of massage, which I did not take.

Two or three were indefinite, saying lesion had occurred, but did not locate the lesion.

Since I came to New York, last May, I have consulted three, recommended to me at the leading hospitals as specialists in spinal complaints. The first thought the cause of the trouble was in the head. I did not take his treatment. The second diagnosed *wry neck* from *muscular poisoning*. I asked what caused muscular poisoning? It was probably from the stomach, he said. I took his treatment. On my third visit, two weeks after the first, he positively denied his diagnosis, when I mentioned it incidentally, and asked me if he appeared to be drunk that day. He was disposed to ridicule such a diagnosis. I asked, "What did you say caused the wry neck?" He replied, "I might have said *rheumatic gout* caused it." I asked, "Is not rheumatic gout about the same thing as muscular poisoning?" He admitted that it was, but was evidently much embarrassed. He then offered to introduce me to twenty specialists here, to consult any that I might choose. I used adroitness and pleasant words, and bid him a friendly good-bye—and a final one.

The third and last one I consulted here, since Christmas, diagnosed "*tortis collis*" from *hardening of the vens*. I knew my circulation had been erratic so I undertook his treatment. I think I came near being killed by his water treatment, a douche thrown on the back, alternating hot and cold. It was a terrific shock to me, and several times made me so dizzy that I could not walk without support. I took his prescriptions for a month. He seemed most concerned to stop the head-shaking, and spoke of putting on a casing of plaster paris—also of hanging me by the head. I had tried hanging by the head two years ago, at my own suggestion, for spinal compression. I said, "Doctor, you say "tortis collis" is the *effect* of hardening of veins, why not cure the cause first and let's wait on the neck?" He seemed to lose his confidence, "to cure me in three months with the help of God," and finally advised me *to go* to the *Hot Springs* in Virginia. At the instance of several other physicians, I have made *two* trips to the Hot Springs of Arkansas. I took two heroic courses of treatment there with no benefit, but severe injury of my general health. I told him I had tried Hot Springs to my dissatisfaction. He was evidently glad for me to leave with his prescription for the veins, which I have not used.

Your diagnosis for the Texas man seemed to me conclusive of my own case. I also note your reasonable reply, in a later number of the BRIEF, to a doubting doctor. No physician ever diagnosed spinal compression for me. I arrived at this diagnosis two years ago. I concluded that the bend in the back at the seat of the trouble, kept up for two years under the strain of constant writing, had caused an excrescence of the cartilage between the vertebra, and consequently pressure on the spinal cord. The term you use, "partial luxation of vertebra," "from strain by the nature of occupation," seems even more reasonable.

Some ten years ago, I saw a child in the New Orleans Hospital hanging by the head for spinal

compression. It suffered all night in bed, but was bright and cheerful all day hanging. There is where I got the idea.

The utter impotence of physicians in treating me speaks badly for the profession. They have appeared to me to be following too closely prescribed rules, and not exercising sufficient research and reason. Several have been very illogical in their expressions, and have even flatly contradicted their own statements. On having their attention called to it, they got embarrassed and advised me to go off to some springs. I always feel sorry for them, and never goad them for their incapacity. I think the quantity of medicine they have dosed me with has caused some permanent injury to my constitution. Still, if I could get rid of the wearing, oppressive pain between the shoulders I would feel well. None of my mental faculties have been affected. The fact is I have improved in chess-playing, in writing for publication, and in conversational power.

I hope you will give your professional readers some more advice on spinal compression, a trouble they seem to know but little about. Thousands of the invalids in the country, who are doctored and charged to death for various complaints, may have spinal compression.

I am considering your advice to the complainant in Texas, to "consult a good surgeon." I have consulted three "good" physicians since last May, with no benefit. Is a good surgeon any better than a good physician? I would not mind paying a good bill twice over for relief, but paying good bills for nothing is getting monotonous. If you can give me any clue that will result in restored health for me it will be greatly remembered. S. S. B.

Louisiana.

ANSWER:—We print this letter in full, though pressed for space, because we think the subject matter will be interesting and instructive to physicians.

Yes, there is a difference between "good" physicians and "good" surgeons. The latter see more cases of mechanical difficulty, are more familiar with the symptoms and used to thinking along these lines. The spinal column should be straightened by skillful manipulation, if possible, and splinted or jacketed to keep it so until normal conditions are restored. Then suitable exercises for arms, neck and trunk devised. Must be very mild, gentle and gradual in effect. One of the elastic cable exercisers would be about right.

See editorials on Neglected Backs, Postural Diseases, etc.

In the meantime, try ammonium iodide, three grains three times daily, in alternation with strychnine, one-sixtieth grain.

Dr. Roswell Park, of Buffalo, N. Y., is one of the ablest surgeons the East can boast. He is an original and resourceful thinker; a man of warm sympathies, practical and devoted to his profession.—ED.

Sexual Neurasthenia.

QUESTION:—Seventeen years ago contracted gonorrhea. Lasted about two months. Extremely costive. Until two years ago suffered from piles. Always had a heavy, bearing-down sensation in rectum, relieved by pressure. Some urethral and bladder irritation; passing water quite often, getting up once or twice during the night. When the trouble in the rectum was worse, urethral and bladder trouble was worse, but gradually the latter got better. Two years ago had a siege of piles, bladder and urethra also becoming very irritable. Third day I had to go to bed. Found I could not pass water, used a catheter, and never want to use another. Urethral spasm was so great the water just came in spurts, and I thought I would never get the catheter withdrawn. In bed two days, got up, drove five miles, causing a relapse, with retention of urine.

Dr. F. was called. Intense pain just above the pubis. Doctor drew off six or eight ounces of urine which gave some relief. Injected morphia and left. Pain was so intense required another hypodermic. In a few minutes had an indescribable feeling coming over me slowly. Thought I was going to die. I passed through without losing consciousness, a spasm of every muscle in the body, including diaphragm; got black in the face; the spasm beginning first in the toes, extending upward, then in the fingers, up the arms, affecting the muscles of respiration last, terminating in five or ten seconds. In bed one week. Diagnosis, prostatitis. (?) At the end of this time my trouble all seemed to be in rectum, some little urinary irritation.

Called in Dr. M., a skillful surgeon. He could not make examination of rectum, because the sphincter ani would contract so forcibly that it would hurt his fingers and nearly kill me. For several years had suffered pain on having a stool, which had been getting worse right along. Dr. M., with assistants, under chloroform, relieved me of quite a large fissure and piles. Made a good recovery, and remained free from any trouble, excepting a slight burning on passing water, for more than a year, when one day I felt a pinching in my rectum. Reported to Dr. M., who could see nothing. Next morning at stool had a hemorrhage, and also the next, when I was entirely relieved, but within a few weeks began having slight pain when the stool is passing, but more when the sphincter contracts, of a smarting, scalding, burning character, lasting an hour and sometimes all day. If I point my finger at rectum I can feel the sphincter contract forcibly, sometimes extends clear to end of penis. Then feel like making water after. Sometimes respond and sometimes not. Several times a day get pain just above pubis, and the minute I lie down this pain appears with desire to urinate, although that is the last thing I do before retiring; usually

go to sleep with that feeling, but sometimes am compelled to get up, and the minute I do the pain gets better, and in a few minutes leaves me entirely, only to return when I lie down again. Backache beginning in the lumbar region, extending down into the hips, up almost to the shoulders, down into the scrotum, sometimes will last all day, sometimes an hour or two, coming on two or three times a day. Sometimes it will be all through my abdominal viscera, back, and the whole genito-urinary tract, and makes me wish I were dead. Present condition is as follows: Backache (mostly lumbar), burning, scalding pain in rectum, coming on after stool, much worse if bowels are a little loose; pain over pubis worse on lying down, frequent micturition (not at night) four to eight times a day, pass from four to eight ounces of water at a time, slight burning (sometimes severe) on urinating.

Can not take anything to move bowels, let it be ever so mild; causes intense, colicky, tearing, lancinating pains all through bowels, especially around navel. Feeling of adhesions binding down the bowel, seems as though if I could take a full breath, and tear something loose in the region of navel, I would feel relieved. Bowels are regular, good, free passage. Good appetite, except for breakfast. Urine normal, thirty to forty ounces per twenty-four hours, slightly acid, specific gravity 1.020, no sugar, no albumen. Feel better when moving about. Work hard most every day, and the harder I work the better I feel. Worst on first getting up in the morning. Feel like bursting from stomach down; bowels and bladder tired and sore. After moving about a little and passing water, am better. Had slight cystitis when I had gonorrhea, but was not confined to bed. Age forty-two, married eleven years, sexual appetite easily satisfied. Sometimes after intercourse have same sensation in rectum (scalding and burning) as after stool; other times it seems to relieve me.

I never treated myself, nor was treated, surgically, never passed nor had a sound passed. Did not think I could stand it. Urethra is so sensitive would be afraid of setting up some acute condition that might be worse than what I already have.

I have been rather lengthy, simply because I wished to lay my case clearly before the Editor at least, so he could make out a clear case, and advise me accordingly. What I want is relief, diagnosis and treatment. J. W. S.
Pa.

ANSWER:—There is a congestion of abdomen and pelvis, with a weakened neuralgic state of all the parts, developing from the diseased prostate and deep urethra as foci.

Take a small teaspoonful of epsom salts each morning before breakfast, adding a little sulphate of iron.

℞ Liq. Pot. Arsenitis ..... 2 drachms.
Tinct. Collinsonia Can..... 1 ounce.
Sanmetto .....q. s., ad. ..... 8 ounces.

M. Sig.: Teaspoonful four times daily. Use persistently.

Strychnia, $\frac{1}{150}$ grain, t. i. d.

Locally use daily injections of Peacock's Bromides per rectum. Apply flying blisters, or cups, to small of back, and avoid sleeping on same at all times.—ED.

Indigestion.

QUESTION:—F. W., German, twenty-one years old. Has never used intoxicants nor tobacco. Has no bad habits. Has worked hard on farm all his life.

Four or five years back he noticed that mouthfuls of slime and sticky stuff would come up into his throat, which he would spit out. This was worst about meal-time. Do not remember any pain or bloated sensation at this time. Later, flatulence was a marked symptom, as well as a heavy, dead pain in region of umbilicus as if he were carrying a rock in his abdomen.

Appetite good, but distress after meals for about two and one-half hours. By spells did not rest or sleep well at night, and for last two or three years has had no good night's rest.

About two years ago he was troubled with an intense burning pain in the stomach in addition to the other symptoms. This pain was temporarily relieved by taking food into the stomach. Has been losing strength and weight for three years. At beginning of ailment he weighed one hundred and forty-five pounds, and at present weighs but one hundred and thirty-eight pounds, not much loss so far as pounds go, but considerable when we consider that, at his age he should have been making decided gains in weight and strength.

Would be hungry at meal-time, but victuals did not taste good. Bowels more or less constipated all the time.

Has been under my care for about a month. At present, appetite is good but has some nausea and dizziness after eating. Feels better after two and one-half hours have elapsed. Has never vomited at any period in his sickness. Constant pain and heavy feeling in lower abdomen, especially in the right inguinal region.

Constant frontal headache for eight months. No pain or sensitiveness in epigastric region. Pain but no tenderness in region of umbilicus. No flatulence whatever. Is unable to work and does not sleep soundly, nor feel rested after sleeping. Spits up little slime at present. Has been losing strength this winter and has shown no improvement under my treatment. He relishes food but does not seem to derive any strength from it. Meats and sour articles are the worst for his digestion.

Heart normal, but the pulse is weak and empty. Careful examination of the abdomen reveals nothing abnormal. Stools are at times very dark for a few days, then a more natural color. At present they are dark and form a pultaceous mass with a considerable admixture of mucus. Most of the time there are little yellow bodies, about the size of mustard seeds, interspersed through the stool, and are also yellow inside. These are not fruit seeds of any kind. G. R.
Illinois.

ANSWER:—Many forms of indigestion are neuroses—the result of impaired or perverted innervation. Treatment of the effects of this condition, not touching the cause, often fails to cure.

In this case weakened innervation of bowel has caused morbid changes in the digestive secretions, consequently food is imperfectly digested and assimilated.

We recommend an ounce of castor oil as a preliminary dose. Then give:

℞ Liq. Pot. Ars.....1 drachm.
Listerine .....3 ounces.
Elix. Lactopeptine.....q. s. ad.....8 ounces.
M. Sig.: Two teaspoonfuls after meals.

Between meals give a capsule containing one grain citrate caffeine, two grains bismuth subnitrate and two grains phosphate soda.

Use some good aperient water like Apenta, to move bowels.—ED.

Cerebral Hyperemia.

QUESTION:—Last August had an attack of dyspeptic vertigo, increased by exposure to sun. Water poured on back of head caused a reflex stroke of paralysis. Heart apparently ceased beating, and a rigor seized me. Hands and feet cold, numbness and paralysis of left arm, which passed off in a few moments.

Above attack was followed by a very bilious and highly nervous state. Had been overworked and short of sleep for six weeks prior to this spell. Always had dyspepsia. Liver torpid, eyes muddy. Tongue has a brownish or yellow coating, and is sometimes stiff. Constipate i. Cold feet and hands. After eating feel tight pressure over heart with occasional pain running into left scapula and down arm to finger tips. Gnawing sensation, with gurgling and purring in pit of stomach. Temporal arteries distended and throbbing with a variety of subjective symptoms in left temple. Almost complete amaurosis.

Venery aggravates all the symptoms, so does excitement of any kind. Pulse very variable. Medicine that increases heart action makes head symptoms worse.

Have been told I had hysteria from dyspepsia. Am hypochondriacal, as all dyspeptics and apoplectics are. Am hardly able to do anything. At times can scarcely walk because of vertigo. Am five feet six inches in height, weigh one hundred and seventy-two pounds. Have large head, short neck, and my father died from apoplexy and paralysis.

Six months before the spell in August, got a fall, striking left temporal bone on a wagon tire. Bone was not broken, and wound gave no trouble, but brain concussion was severe.

Pine Grove, Ark. O. C. MALLETT, M. D.

ANSWER:—All symptoms described are more or less dependent on the cerebral hyperemia, to which you have hereditary predisposition, and which is excited by alcohol, extremes of temperature, loss of sleep, overwork, etc. There can be no health without normal circulation in the brain. Try:

℞ Ammonii Iodidi .....3 drachms.
Ext. Hydrastis Can. fl.....1 ounce.
Norwood's Tinct. Ver. Viride.½ drachm.
Chionia .....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful after meals.

Every other night take forty drops of Bromidia in water, on going to bed, then less often, and gradually discontinue it.

Use podophyllin to move bowels.

Alternate the first prescription with ten-drop doses of muriated tincture of iron, three times daily, to lessen the tendency to dyspeptic vertigo, and tone the vasomotors.—ED.

Unfinished Delivery—Hot Flashes.

QUESTION:—Mrs. H., aged twenty-eight, married, one child; when confined eight months ago had a granny woman. Has ever since been troubled with some ulceration of the mouth of womb, with leucorrhea, passing off lumps that look like meat skins. Appetite good. Family history O. K.

Treatment.—A regular course of tonics, such as iron, strychnia, Aletris Cordial, and everything the BRIEF and books recommended. Also cauterized the ulcers and used hot water injections combined with glycerine and Pinus Canadensis (White), decoction of red oak bark, and many other things. Patient is some better than at first, though mends so slowly she has almost given up.

Case 2. Mrs. W., aged forty-six, married, no children; family history good. Change of life. Has hot flashes and sweats profusely, even the coldest days. General health every other way good. Been treated by two other physicians.

Dexter, Ga. T. A. WOOD, M. D.

ANSWER:—It is likely detached portions of placenta were left behind. Give Iodia, teaspoonful three times daily after meals, adding ten drops Ergotole to each dose. Locally, use tampons saturated with Kennedy's Dark Pinus Canadensis, undilute. Keep bowels open. If this does not relieve, you will have to dilate uterus, curette and swab with Iodine.

Case 2.—Give a morning dose of epsom salts with one-thirtieth grain arsenious acid, one-fourth grain dried ferrous sulphate and two grains quinine sulphate three times daily between meals, to relieve the hot flashes and profuse sweating. Alternate with Peacock's Bromides.—ED.

Malaria?

QUESTION:—Verdelle S., aged two years, previous health good; family history good. On October 24th was called to see him. His mother told me he had swallowed a small shingle nail. She did not see him swallow it but the little fellow was playing with his hatchet and a nail. She heard him gag and ran to him and tried to take something out of his throat, but could not get anything, and he could not talk, but she asked him what he had done with the nail and he pointed down his throat, leading me to believe that he had swallowed the nail. I ordered a large dose of castor oil, not expecting anything more of it, but his actions were watched carefully and no trace of the nail was ever found.

About the 26th he had a chill, and continued to have a chill every day for about a week, and then continuous fever for four days, with a slight cold spell every one to two days. Finally fever stopped for about three weeks and he began to gain in flesh and eat hearty, but has commenced chilling again, and has been for three weeks. I have given him all the anti-malarial treatment that I could think of. I have given him quinine and had it rubbed on him. I have given him solution arsenic and nux vomica and calomel for the liver. I am now giving him Chionia.

Has had a dry, harsh cough all the time. No tenderness in lungs or bowels, spleen not enlarged, but tongue coated all the time. Do you think the nail has anything to do with his trouble, or is it just a stubborn case of malaria, and what would you do for him?

Greenfield, Ark. J. C. HOWELL, M. D.

ANSWER:—Think it is malaria. Add five drops muriated tincture of iron and one-fourth grain chlorate potash to the Chionia, and give after meals. See that the child is taken out for an airing every pleasant day. Feed him a certain amount of potatoes, milk and bread daily; watch the stools and avoid constipation by means of enemas. A nail in the abdomen is a source of danger from reflexes and possible obstruction of bowels. Avoid cathartics.—ED.

Cardiac Insufficiency.

QUESTION:—Patient, male, aged seventy-six years, white, has lived an active, temperate, farm life. Health good till about two years ago, when he began to complain of difficult, or oppressed breathing. Said he could not sleep, that when he slept his breathing would stop, and he was forced to get up; shortness of breath on slight exertion, and often when at rest he would pant. Heart action accelerated.

The above were the symptoms when called in consultation with Dr. W. in 1898. In 1899 the case came entirely into my care with above symptoms, and I found a collection of fluid in the pericardium and peritoneum, with edema of the lower extremities. Slight partial paralysis. Tongue protruded to right side, right side of tongue is thin, left thick and quivers, or jerks. Pulse sometimes full and bounding, generally intermittent. No albumen in urine.

Have had best results from elaterium and apocynum, but nothing cures.

Bloom, Ky. B. F. GREEN, M. D.

ANSWER:—Appears to be a degenerative condition of nerve centers, especially pronounced in the medulla. Give one one-hundredth grain strychnine sulphate three times a day with two Cactina Pillets, and drachm-doses of Sanmetto four times daily.

Shave the back of head and apply mustard plasters. The bowels must be moved daily and a quilted cotton bandage applied to the abdomen, previously rubbed with tincture capsicum.

Alternate above treatment with five grains carbonate ammonia in a glass of water, four times daily.—ED.]

Measles in Pregnancy.

QUESTION:—In this vicinity we are having lots of measles, old and young. One woman died here a short time ago. She was six months along. I did not attend her, but they claimed that pregnancy was the cause of her death. If this was the case, why not produce abortion, if the woman is well otherwise? I ask for information. Please give it in the April BRIEF. There are two or three others in the same fix, and some of them may come to my lot. If it is the thing to do to save the mother's life, it would be justifiable. W. R. DAVIS, M. D.

Voluntown, Conn.

ANSWER:—The heart and kidneys of a pregnant woman labor under a strain which makes them poorly prepared to combat a disease which requires prompt elimination. At the same time, measles in a pregnant woman is not necessarily fatal, nor even dangerous. Its occurrence does not warrant artificially procured abortion.

When first called, give a large dose of epsom salts and examine the urine to ascertain the condition of kidney. A warm pack, with a hypodermic of pilocarpine, may be given if there is great excitement and nervousness, followed by Basham's mixture in wineglassful doses three times a day.

On the other hand, if the typhoid state predominates, more active stimulation is required. Ecthol, teaspoonful every two hours with aromatic spirits ammonia, mustard plasters to back of head, small of back, and over abdomen. Muriated tincture of iron and strychnine as needed.—ED.

Diphtheria.

QUESTION:—Will you kindly, through the columns of the BRIEF, let me know what treatment you advise for diphtheria, also what you consider the best preventive, also disinfectant for use afterwards.

G. EDW. BRASINGTON, M. D.
Hager City, Wis.

ANSWER:—The treatment of diphtheria depends upon the indications—upon the individuality which the disease presents.

If the patient is vigorous and well organized, the hypodermic injection of carbolic acid will give good results. But do not use it unless the indications are present, to-wit: the engorged and painful throat, strong, forcible pulse, etc.

If the patient is feeble and prostrated, give:

℞ Tinct. Phytolacca, Dil.....80 minims.
Tinct. Ferri Muriatis..... ½ ounce.
Ecthol.....q. s. ad..... 8 ounces.

M. Sig.: Teaspoonful every two or three hours.

The tincture phytolacca must be made from the fresh root to have any virtue. Give also one one-hundredth grain strychnine three times daily.

Swab the throat once every day with equal parts Listerine and Ecthol and use the combination in a spray to nose and throat every three hours. Move bowels by enema. Repeat each day if necessary.

Sulphur is an excellent disinfectant and prophylactic. It may be blown into the throat with a glass tube and inhaled by burning it on embers.—ED.

Obstetrics—Diarrhea.

QUESTION:—*Case 1.*—Primipara, twenty-four years old, will be confined in a month. Husband told me only a few days ago, was injured by falling on picket fence when a girl. Says when she has diarrhea that sometimes parts of contents of bowel pass through and out vagina. Your advice.

Case 2.—Multipara, confined last April. Had been poorly during her pregnancy. Confinement, followed by puerperal fever, almost resulting in death. Since that time has been able to work, but has suffered a great deal from ovarian trouble, left side, with very sharp shooting pains, which seem to be hard to control. No swelling; some leucorrhea.

Case 3.—My wife, at ten years of age, visited the mineral district of Missouri, at Joplin, and drank water from an old mine while there. Since that time has had diarrhea to a greater or less extent. We lived in Joplin in summer of 1898, and for the last four to six months her bowels have been getting gradually worse; more painful, more gas, and move three to five times on getting up in morning; then two to four times balance of day. She tells me she can feel where the rectum runs to left for about a foot. Is able to do her work most of the time. Any information thankfully received.

Highland, O. T. J. J. BARBER, M. D.

ANSWER:—If contents of bowel only pass by vagina in diarrheal times, the fissure must be very small. If there is no stricture or scar tissue, and the vagina is normal in size, a small fissure should cut no figure in labor. Afterward, however, it should be repaired, as the condition is an unpleasant one.

Case 2.—Give a teaspoonful of epsom salts in glass of water before breakfast every other morning. Ten drops muriated tincture of iron with a drachm of Aletris Cordial three times daily. Apply cotton tampons saturated in equal parts Kennedy's Dark Pinus Canadensis and glycerine every other night. Remove in morning, and take vaginal douche. Hot sitz bath three times weekly.

Case 3.—Give iodide of arsenic, one-sixtieth grain, four times daily, in alternation with tincture collinsonia canadensis, five to ten drops, three times daily. Flannel abdominal bandage. May be a cold ulcer in rectum or sigmoid flexure is causing all the trouble. Should be examined with proper instruments by specialist if she fails to improve under treatment. Inject solution of slippery elm or warm oil, half pint, at bedtime, and retain if possible.—ED.

Cancer.

QUESTION:—In February BRIEF, page 242, I find an article on "Cancerous Troubles," and Ecthol. Is there not another article which throws more light on the subject?

Could you tell me how thuja can be used hypodermically into a tumor in the breast?

New York City. J. M. BAKER, M. D.

ANSWER:—Give Ecthol internally, one teaspoonful four times daily, in conjunction with small (alterative) doses of iodide of arsenic—say one-sixtieth to one-thirtieth grain, three times a day, for removal of the cachexia and absorption of tumor.

Have had no experience with the hypodermic use of thuja. Ecthol contains the active principles of the drug and is a better preparation for hypodermic use.—ED.

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Pil. Caffeine Cit., 1 grain.
Dose 1. 40c. per 100.

Pil. Phos. cum Bellad.
℞ Phosphorus .....$\frac{1}{100}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1 to 2. 50c. per 100.

Pil. Ext. Ignatia Am., $\frac{1}{4}$ grain.
Dose 1 to 2. 30c. per 100.

NERVE TONICS.

Pil. Asafœtida Comp.
℞ Asafœtida.....2 grains
Ferri Sul. Exs.....1 grain
Dose 2 to 5. 25c. per 100.

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Dose 2 to 4. 20c. per 100.

Pil. Sumbul Comp.
℞ Ext. Sumbul.....1 grain.
Asafetida.....2 grains.
Ferri Sulph. Exsic.....1 grain.
Acid Arsen..... $\frac{1}{40}$ grain.
Dose 1 to 2. $1.00 per 100.

NEURALGIA.

Pil. Neuralgic (Gross).
℞ Quinin Sulph.....2 grains.
Morphin Sulph..... $\frac{1}{10}$ grain.
Strychnin..... $\frac{1}{10}$ grain.
Ac. Arsenious ..... $\frac{1}{20}$ grain.
Ext. Aconiti..... $\frac{1}{2}$ grain.
Dose 1 to 3. $1.00 per 100.

Pil. Neuralgic—$\frac{1}{2}$ size (Gross).
Dose 1 to 3. 60c. per 100.

Pil. Neuralgic (Brown-Sequard).
℞ Ext. Hyoscy.....$\frac{2}{3}$ grain.
Ext. Conii.....$\frac{2}{3}$ grain.
Ext. Ignat. Am.....$\frac{1}{4}$ grain.
Ext. Opii.....$\frac{1}{2}$ grain.
Ext. Aconiti.....$\frac{1}{3}$ grain.
Ext. Can. Ind.....$\frac{1}{4}$ grain.
Ext. Stram..... $\frac{1}{8}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1. 90c. per 100.

SOPORIFICS.

Pil. Hyoscyamine, $\frac{1}{100}$ gr.
Dose 1. 45c. per 100.

Pil. Svapnia, $\frac{1}{2}$ grain.
Dose 1 to 2. 90c. per 100.

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Nervous Headache?

QUESTION:—Male, aged forty-eight, height, about five feet three inches, weight two hundred and twenty pounds, round red face, light complexion, was thrown from horse when about ten years old, head striking against a fence corner. Since then has been subject to "nervous headache" at irregular intervals, becomes delirious, cyanosed, extremities cold, cold sweat, pulse gradually slows up until about twenty to thirty per minute and skips fourth or fifth beat. Spells last from two to ten or twelve hours. Between attacks patient is apparently well, eats hearty, is a farmer, but gets out of breath easily on exertion. He is rheumatic, and has taken many things with but little benefit. Can not bear the salicylates. Lately the spells are mostly a smothering without the headache. Is it fatty heart or uric acid?

In a metastasis of mumps to the testicles or ovaries will the patient necessarily be barren?

Please give treatment for dandruff.

Jay, Ark. R. N. BUCKMASTER, M. D.

ANSWER:—Fatty heart and weakened innervation, with paroxysmal spasm of circulation. Prescribe a teaspoonful of Celerina with two Cactina Pillets three times daily. Give him a morning purge with epsom salts or citrate magnesia. Concentrated diet, chiefly meat and bread, just enough to satisfy hunger, with moderate but systematic exercise. Horseback is excellent to begin with. Small, frequently repeated doses of nitro-glycerine for attacks.

2. No.

3. Rub the scalp gently but thoroughly with a tablespoonful of Listerine daily, adding one drachm of quinine to an original (fourteen ounce) bottle of Listerine.—ED.

Diabetes Mellitus.

QUESTION:—I have been waiting to see if I would need the MEDICAL BRIEF another year. I have diabetes mellitus, and sometimes am unable to practice at all. Am now better, so I can do a good deal, so here is my dollar, for which please send me the BRIEF another year.

Milwaukee, Wis. J. E. BROWN, M. D.

ANSWER:—Doctor, take three minims of tincture cimicifuga with one of tincture podophylli, before meals, and ten drops of dilute phosphoric acid after meals. These medicines must be pure and active. Persevere and you will not know yourself by and by.—ED.

The Treatment of

ACUTE GASTRITIS

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BUT IT MUST BE USED PROPERLY.

Administer in at least a half tumbler of water (three times daily, after meals), beginning with a small dose (say 6 drops), and increasing one drop each day.

Best results are only obtained by pushing Arsenauro and Mercauro to point of toleration in each individual case (keeping the patient as near that point as possible).

The maximum dose varies widely, some patients taking eighty-five drops three times daily, others being unable to reach a dose of over ten drops.

When reaching point of toleration, (manifested by the usual signs, such as puffiness under the lids, loose, griping evacuations, frontal headache, dizziness, tingling of the fingers, etc.), medication should be stopped for twenty-four hours, then resumed with dose slightly less than the one administered when toleration point was reached. Patient should be maintained upon this ascertained limit for a protracted period.

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Mucous Collitis.

QUESTION:—My mother died with consumption, my father with pneumonia. At sixteen I began having something like colic. Came on suddenly. Pain was never bad. Bowels bound up. Got ease by taking a cathartic. After bowels moved, a soreness would settle at or near the bend of the colon in the right side. Attacks recurred once or twice a month. At twenty, one of these spells of colic terminated in obstruction of the bowels. After bowels moved there was left a sore place at the sigmoid flexure. Ever since this obstruction I have passed mucus with my stools, a brown color. No severe pain. Pain in almost every part of body. Sometimes bowels are regular, then I feel well. In the summer of 1898 and 1899 bowels were very sore for some time. Have to take much purgative medicine. Muscles twitch and jump ever since the obstruction of bowels.

I appear to be in good health. Never miss a meal. Digestion seems to be good, ditto color. Am thirty-two years old, five feet ten inches high, weigh one hundred and sixty-four pounds. I ride and tend to my patrons. Work or do anything else without making trouble any worse. Have a slight prolapsus ani on right side. Heart beats too hard. Can not lie with ear on the pillow. Have a ringing in my ears, left ear the worst. Sleep well at night. Can not feel any tumor; pressure causes no pain. Slight tenderness nearly all over bowels. My actions are sometimes slightly flattened, sometimes three-cornered, sometimes round.

Case 2.—Young man, about twenty years old, weighs one hundred and thirteen pounds. Trouble began about nine years ago. He takes a bad cold, then sore throat, then his throat rises on the outside, breaks or is lanced and runs, then cures up. He is nearly always clearing up his throat. Deaf in left ear. Had an aunt die with tumors all over face and neck.

Divide, Ark. J. H. HIGGINS, M. D.

ANSWER:—You have a chronic congestion of lower bowel which every little cold makes sub-acute. The other symptoms are reflexes from bowel. You need tonic and alterative treatment addressed to bowel. The cecum is the focus.

℞ Tinct. Collinsoniæ Can..... ½ ounce.
Tinct. Ipecac ..... ½ ounce.
Mist. Rhei et Sodæ.....6 ounces.
M. Sig.: Teaspoonful four times daily.

Skin friction daily, and wear a woolen abdominal bandage the year around. When the skin and bowels are acting normally, the heart will quiet down.

Give the young man a half teaspoonful of Iodia after each meal, adding one-twentieth grain podophyllin and one drop of Norwood's tincture veratrum viride to each dose. Keep up this treatment, occasionally alternating with ten drop-doses dilute phosphoric acid for several months, or until the diathesis is eliminated. Have him use a gargle of equal parts Listerine and Ecthol at the first symptom of tickling or rawness in the throat. If the tonsils touch, or are enlarged and hard, they should be reduced with mono-chloracetic acid.—ED.

Migraine.

QUESTION:—Mrs.——, thirty-five years old, the mother of five children (all healthy), of medium weight and height, pale complexion, dark hair and eyes, tall, tongue coated with light fur, bowels and kidneys regular. Patient's mother has been suffering from some nervous trouble for some time, otherwise her history is good. Afflicted with headache for years, relieved by vomiting and a few doses of medicine. But the last year brought a change in the nature of attacks. They are more severe, and more frequent.

The pain usually commences at back-part of her head, thence over top to forehead above eyes, thence to either temple, but the greatest pain is either on top of head or in temple. The pain is of a lancinating, boring and tearing nature, and will last for several days. Vomiting aggravates the trouble at present instead of giving relief. Tongue becomes heavily coated, eyes are sensitive to light, body becomes cold, pulse and temperature below normal. When these attacks begin to subside, she has a peculiar fluttering and faint sensation in region of stomach, and, as she expressed herself, "My body and limbs are full of needles," which condition does not terminate with any desquamation. About this time a profuse leucorrhea appears, and considerable dizziness is experienced, so that walking is difficult and convalescence is slow.

I have tried every remedy that I thought would be of benefit in her case, but so far failed to find anything that would do the case any good and justice to myself. Nothing but large and repeated injections of morphia will relieve the agony and pain she endures, but what will be its results in the future if no other remedy can be substituted? P. SHALLIOLL, M. D.

Winesburg, Ohio.

ANSWER:—

℞ Tinct. Cimicif. Rac..... ½ ounce.
Tinct. Ferri Mur..... ½ ounce.
Aletris Cordial.....7 ounces.
M. Sig.: Teaspoonful three times daily.

When attacks come on, give a copious hot enema, with two grains caffeine citrate and a teaspoonful of Peacock's Bromides, repeated as necessary. Alternate with nitro-glycerine. Apply tincture capsicum to the painful scalp, then hold head over a basin of steaming water. The steam increases the action of capsicum. Examine uterus and rectum for sources of reflex trouble.—ED.

THE
Medical Brief
A MONTHLY JOURNAL OF
SCIENTIFIC MEDICINE.

J. J. LAWRENCE, A.M., M.D.,
Editor and Proprietor.
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[Written for the MEDICAL BRIEF.]

The Chief Affections of the Nose and Naso-Pharynx Causing or Complicating Deafness.

BY PHILIP R. W. DE SANTI, F. R. C. S.,
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In a former number (July, 1897) of the MEDICAL BRIEF I wrote an article on "Purulent Discharges from the Middle Ear: Their Significance and Treatment," and in discussing the subject, I particularly referred to the fact that in the majority of cases the trouble had been secondary to some catarrhal or inflammatory change in the naso-pharynx or nose, the inflammatory process spreading in most instances, by continuity of tissue, up the eustachian tubes to the middle ear. In the present article, therefore, I propose to deal, somewhat briefly it is true, with the principal affections of the nasal cavities and naso-pharynx, the fore runners of affections of the middle ear leading to catarrhal, dry or suppurative processes there. It can not be too strongly insisted on that the diagnosis and proper treatment of these affections is of the greatest importance, as in middle ear disease by the occurrence or continuation of nasal or naso-pharyngeal trouble, the ear mischief is continued, and restoration to the normal prevented.

Any unhealthy condition of the nose or naso-pharynx that interferes with proper and sufficient nasal respiration by causing repeated attacks of catarrh, will lead eventually to a similar condition in the eustachian tubes and middle ear.

As a general rule, it may be said that in almost every case of obstructive deafness of throat origin, some imperfect performance of the functions of the eustachian tube in relation to the rest of the auditory apparatus exists. The pharyngeal orifice of the eustachian tube is situated just behind and a little above the posterior extremity of the inferior turbinate body, and is trumpet shaped.

Its mucous membrane is continuous with the mucous membrane lining of the middle ear, and is covered with ciliated epithelium, the movement of the cilia

being from the tympanic cavity towards the pharynx. The mucous surfaces of the tube are in apposition except at the isthmus and pharyngeal orifice, and this arrangement conduces to the proper supply of air to the tympanum.

The muscle tensor palati has a few fibres attached to the wall of the tube and, as Von Tröltsch points out, during the act of swallowing, this muscle exerts pressure on the membranous portion of the tube, and thereby helps to widen its lumen. He suggests the name "dilatator tubæ" instead of tensor palati, for this particular muscle. The function of the levator palati in relation to the regulation of air through the tube is very uncertain, Politzèr denying that this muscle has any dilating effect on the tube, at any rate during the act of swallowing, the pharyngeal orifice of the tube usually closed is rendered patent, and no doubt the tensor palati helps in producing this patently, in this way the proper intra-tympanic pressure is regulated.

In order to maintain normal hearing the potency of the eustachian tubes must be such that free ventilation of the tympanum takes place at frequent intervals (*i. e.*, during act of swallowing).

Now it follows, from what has already been said, that anything interfering with the passage of air through the tubes or the normal discharge of secretion from the tympanum will eventually lead to trouble in the middle ear and its sequelæ.

The chief affections of the nose and naso-pharynx of this nature are:

1. *Rhinitis, Acute and Chronic* (hypertrophic rhinitis).—The hearing of the patient may, in these conditions, be affected, either by extension of the catarrhal processes by continuity of tissue, by mechanical blocking of the pharyngeal ostium of the tube or pneumatically.

2. *Atrophic Rhinitis* which, by backward extension of the inflammatory process leads to dry catarrh of the tubes and tympanum.

3. *Growths* in the naso-pharynx, such as adenoids, naso-pharyngeal polypi, polypi of the nose, hypertrophy of the posterior ends of the inferior turbinals. Here either an extension of the catarrhal process set up, or direct blocking by pressure on the orifice by the growth, will produce middle ear mischief.

4. *Enlarged Tonsils.*—These may produce deafness by upward pressure on the soft palate, whereby the proper movements of the palatal muscles are interfered with.

Lastly, such conditions as deviations of the septum, nasi, spurs, syphilis of the nose, naso-pharynx or soft palate, and the various specific fevers may one and all lead to extensive middle ear mischief. The clinical course run is usually at first catarrhal inflammation, leading to blocking of the tube or tubes, and this later on may lead to serous, mucoid or suppurative catarrh of the tympanum. The last condition may, of course, end in any of the grave sequelæ of suppurative otorrhea.

One case under my care is particularly illustrative of this sequence of events. A boy, aged ten, was brought to my out-patients with deafness. On examination the tonsils were found enlarged, and there were well-marked adenoids in the naso-pharynx; moreover, there was well-marked naso-pharyngeal catarrh. An antiseptic lotion was prescribed for syringing out the nose, and operation was urged. The patient, however, did not return to my out-patient department until two or three months later, when he was brought up with a large swelling over the right mastoid process. He had perforative otorrhea on the right side, and was generally in a bad condition.

I took the boy into the hospital and opened up his mastoid antrum, evacuating a good deal of pus and broken-down granulation tissue. He eventually made a good recovery, and when his mastoid wound had healed up, and the aural discharge had ceased, I removed the adenoids and tonsils. In this case there was no doubt that the suppuration of the middle ear with its consequent acute mastoid abscess was directly due to extension of a catarrhal inflammation from the naso-pharynx up the eustachian tube, the catarrh being produced by the adenoid growths.

1. *Catarrh of the Nose and Naso-Pharynx—Acute* (acute rhinitis, acute naso-pharyngeal catarrh).—Acute naso-pharyngeal catarrh is primarily due to external atmospheric influence (the or-

dinary cold in the head), or it may be caused by bacterial infection or through the agency of irritating substances, such as tobacco smoke, chemical fumes, the pollen of some grasses (hay fever, vasomotor rhinitis).

It consists of a more or less severe hyperemia and swelling of the mucous membrane of the nose and naso-pharynx, accompanied by at first a free watery, and later yellowish muco-purulent, discharge.

Accompanying the local manifestation there are the usual signs of inflammatory mischief, such as slight pyrexia, constipation, headache and furred tongue. Under favorable circumstances the disease ends in recovery in the course of a week or ten days. In very young children the condition is apt to be serious as, owing to the nasal obstruction, cyanosis, and other symptoms of suffocation may come on.

In many cases, however, especially when there have been repeated attacks of the acute variety, the swelling and discharge continue for weeks or even months, and chronic rhinitis (chronic naso-pharyngeal catarrh) ensues.

It is the common experience of almost everyone who has suffered from a severe cold in the head to have during its course a feeling of unpleasant stuffiness in the ear or ears, accompanied by a certain amount of deafness and occasional noises in the head. In such cases the pharyngeal end of the eustachian tube will be found swollen and blocked with unhealthy inspissated muco-pus. If this catarrhal inflammation continue and spreads up the eustachian tube, the mucus lining of the middle ear will become similarly affected, and be followed by unpleasant consequences (acute catarrhal, in some cases suppurative inflammation, of the middle ear).

Treatment.—In an ordinary severe cold but little is required other than warning the patient to avoid rapid changes of temperature, and any irritating substances likely to aggravate the condition, *i. e.*, tobacco smoke.

In my own practice I find spraying or painting the interior of the nasal cavities and naso-pharynx with a solution of cocaine, menthol, and paroleine, extremely efficacious. If this treatment be adopted at the very commencement of the attack, it will frequently cut it short, and even when fully established, tends to ease largely the patient's discomfort. Moreover, people liable to frequent attacks of acute rhinitis should be warned against "coddling." They should, if strong enough, promote a healthy action of the skin by tepid sponging, or baths and vigorous friction after with a towel.

If there be any constitutional diathesis, such as tubercle or anemia, this must receive appropriate treatment.

2. *Chronic Naso-Pharyngeal Catarrh* (hypertrophic rhinitis). — As already stated, chronic naso-pharyngeal catarrh is very liable to develop from one or more attacks of the acute variety, and this transition is particularly met with in children, especially if tubercular.

Any abnormality of the nose, such as spurs, deviated septum, etc., interfering with proper nasal respiration, predispose to this condition. As a result of the proliferation of all the tissues of the mucous membrane, hypertrophy and connective tissue induration are produced. This swelling and hypertrophy is very variable. In the early stages of the disease the mucous membrane is found to be soft and spongy, in the later stages much firmer and fibrous in nature.

The hypertrophy may be general, or it may be pronounced at certain parts, a favorite site being the posterior ends of the inferior turbinal bodies, though the anterior ends are often attacked too.

Examination of the interior of the nose with a speculum reveals very different appearances. The nasal mucous membrane being sometimes of a bright red hue, sometimes of a grayish color and covered with muco-pus or crusts.

The amount and nature of the secretion varies within wide limits. The symptoms are referable to nasal obstruction and increased secretion.

There is a feeling of stuffiness in the nose, amounting in some cases to complete nasal obstruction, frequent headaches, especially frontal; mouth breathing, a nasal intonation of the voice, a tendency to frequent hawking, and in some cases vomiting. Constant sneezing is very common, and in some cases

well marked reflex symptoms are complained of. Of such cases I have seen not a few and have noted spasmodic sneezing, neuralgia of the fifth nerve, vasomotor rhinitis and asthma.

In these cases it is generally found that the swollen turbinal bodies touch the septum nasi.

Often chronic nasal catarrh disappears in the summer and returns again in the autumn.

If left untreated, persistent swelling and hyper-secretion results, and in some cases the condition leads to the development of nasal polypi. In children, adenoids, and enlarged tonsils frequently co-exist, and it is especially among children that atrophic rhinitis is likely to occur, being preceded by hypertrophic rhinitis.

Treatment.—Chronic naso-pharyngeal catarrh, if not accompanied by any marked enlargement of the turbinal bodies (chronic hypertrophic rhinitis), is sometimes extremely rebellious to treatment, especially if the patient be anemic or tubercular.

In my practice I usually commence treatment by prescribing a solution for syringing the nose two or three times a day. My two favorite prescriptions are:

℞ Sod. Chloridi ..... 7 grains.
Sod. Bicarb..... 7 grains.
Boracis ..... 7 grains.
Sacch. Albi ..... 14 grains.

Fiat, pulv. Each powder to be dissolved in one-half tumblerful of warm water.

I used to syringe the nose with:

℞ Glycerini, Acid Carbol..... 12 minims.
Boracis ..... 7 grains.
Aquæ ..... q. s. ad..... 1 ounce.

Fiat, collunarium.

These cleansing solutions are used to dissolve and clear away any superabundant naso-pharyngeal secretion, and to lessen the chronic hyperemia of the nasal mucous membrane. If after a fair trial of these and other more astringent solutions such as nitrate of silver, sulphate of zinc, ten grains to the ounce, the condition is not materially improved and there is a well marked enlargement of the turbinal mucous membrane, I carefully cauterize at several sittings the hypertrophied mucous membrane with the galvano-cautery point.

To carry out this treatment effectually, the parts must first be cleansed with wool mops and then sprayed with a ten to twenty per cent solution of cocaine. It is very essential that the parts to be cauterized should be well in view, and the cautery point, or blade, should be used at a dull white heat. I limit my cauterizations to the inferior turbinals and lower half of the middle turbinals. I do not think it safe, as a rule, to cauterize the parts higher up. In order to prevent the formation of adhesions and also to keep the cauterized parts as clean as possible, I tampon the nasal cavity lightly with plugs of wool saturated with a little menthol and paroleine. In those who do not happen to have the electro-cautery apparatus, chromic acid may be safely and effectually substituted. A probe should be heated in a spirit lamp and a few crystals of the deliquescent chromic acid fused on the probe until a red bead is formed. The end of the probe is then lightly pressed against the parts to be reduced. The nose should be cleansed with an alkaline spray afterward to neutralize any excess of acid.

In my experience a cautious use of the galvano-cautery produces very excellent results. There is a marked and permanent diminution of the curetting of the mucous membrane, improved nasal respiration and a cessation of any tinnitus or deafness that so frequently accompanies the hypertrophy.

Should there be an enlargement of the posterior or anterior ends of the inferior turbinals amounting to a polypoidal condition, the hypertrophies should be snared with a galvano-cautery loop and slowly burnt through. If done sufficiently slowly but little hemorrhage follows.

Some of the worst cases of naso-pharyngeal catarrh I have seen have been in patients suffering from nasal polypi. It is probable that in most cases of nasal polypi antecedent suppuration in the nasal cavities has existed.

The symptoms and treatment of nasal polypi offer too large a field for discussion here.

Suffice it to say that I usually remove polypi of the nose with a cold wire snare, and I prefer the cold snare as I consider recurrence of the polypus to be less likely, for I generally manage to

not only snare the particular polypus but also to avulse its root. In my opinion, polypi of the nose are so liable to continue, fresh growths perpetually appearing, that I advocate and carry out a more drastic method of treatment than the use of the cold snare or galvano-cautery snare when the growths are numerous.

The patient is put under a general anesthetic and the inferior and middle turbinal bones are removed by forceps which partly crush and partly avulse them. I have had several patients who have had repeated removals of polypi carried out with the snare and in whom recurrence has occurred. I have treated them by general avulsion as described above, and I have never seen any untoward symptoms follow and the results as regards cure have been excellent.

Of course there are many cases in which antral polypi co-exist or polypi in the accessory sinuses; these cases demand special treatment.

Adenoid Vegetations. — In England, adenoid growths are particularly common, especially in damp and cold localities, and their presence is almost always associated with marked deafness. They are commonly found between the ages of five and fifteen, and are more frequently seen in boys than in girls.

There is normally an abundance of lymphoid tissue in the fossæ of Rosenmüller, around the pharyngeal orifices of the eustachian tubes and the vault of the pharynx. Hypertrophy of this tissue readily occurs in delicate children, and the masses of lymphoid tissue mechanically blocking the orifices of the tubes and the choanæ impede nasal respiration, depress the soft palate and cause marked deafness and mental dulness.

Aprosexia nasalis is not uncommon. In most cases of adenoids granulations consisting of enlarged lymphoid tissue exist in the pharynx (granular pharyngitis), and the tonsils are enlarged and friable (twenty per cent). The appearance of a patient suffering from adenoids is typical.

The face is long, the mouth is kept open, there is a pinched look in the nose due to loss of power in the muscles of the alæ nasi, the lips are somewhat thickened and there is a general expression of mental dulness in the aspect of the child.

Moreover the voice is thick and muffled, defective speech is not uncommon, and deafness of varying intensity is present. At night the child snores heavily and is very liable to colds and attacks of epistaxis. In damp weather the condition is liable to become aggravated, and if the patient be untreated, chronic laryngeal catarrh may ensue.

There is a special tendency to catarrhal inflammation of the middle ear, and in some cases suppuration of the middle ear occurs with all its unpleasant conseqnences.

The general health is sure to suffer, and although adenoids usually atrophy and disappear about twenty, irretrievable damage has been done by then, especially to the hearing powers.

In cases of doubtful diagnosis I look upon a digital examination of the naso-pharynx as the surest diagnostic measure.

Treatment.—There is no doubt in my mind, and I have had a large experience of these growths, that when adenoids are present an operation for their removal should be strongly urged. There may be a few cases in which the application of various astringent pigments, such as iodine and catechu or perchloride of iron, together with tonics and a change to a drier climate may suffice; but if there be deafness, earache, or discharge from the ears, a tendency to catarrhal laryngitis, or the general health of the child be suffering, there should be no doubt in the mind of the surgeon, an operation must be done. For operative purposes there are three classes of cases:

(*a*) Where the growths are quite small in amount and accompanied by profuse discharge.

(*b*) Where the growths are abundant but very soft.

(*c*) Where the growths are of very firm consistence.

My method of operation depends on which group exists.

In all cases the question of anesthesia is of prime importance. The anesthetist should be a skilled individual, especially in the administration of anesthetics for this class of disease.

For class (*a*) the anesthetic I prefer is gas and oxygen; but for groups (*b*) and (*c*) A. O. E. mixture, or gas and ether are necessary.

The laryngeal reflex should never be lost. The patient having been anesthetized a suitable gag is inserted into the mouth and controlled by the anesthetist. The position I prefer my patient being placed in, is on his side with the thighs flexed and the head hanging over the edge of the table; in this position all broken-down tissue, blood and mucus runs into the dependent cheek and can be rapidly removed with sponges on a sponge holder manipulated by an assistant.

For groups (*a*) and (*b*) I use Gottstein's curette, which is passed rapidly up behind the soft palate, guided by the left forefinger. The flat end of the instrument is then pressed well against the vault of the naso-pharynx and drawn firmly from above downwards, thus cutting off the adenoid growths. I finally scrape away any small growths that may remain, with the steel nail.

In group (*c*) I commence by using Loewenbey's forceps, which are introduced in a similar manner to Gottstein's curette. The tough and prominent growths are seized individually by the forceps, guided by the forefinger, and cut off.

Care must be exercised not to injure the uvula, soft palate, septum nasi, or pharyngeal extremities of the eustachian tubes.

After finishing with the Loewenbey's forceps I complete the operation in a similar manner as in groups (*a*) and (*b*).

Hemorrhage, which is frequently smart, is controlled by pressure of a sponge on the soft palate. I have removed adenoids over six hundred times and have never met with hemorrhage sufficiently severe to give rise to any alarm.

Finally, I introduce the tip of the little finger, or a nasal bougie, into each nostril and dilate it moderately.

The patient is kept in the same room for three or four days, and a light plug of cotton wool, saturated with a little menthol and paroleine, is inserted into each nostril and frequently changed.

I do not order the nasal cavities to be douched or syringed out with any antiseptic or alkaline solutions.

Later on I advocate painting the pharynx and naso-pharynx with some astringent mixture, such as iodine, catechu and glycerine, and inflation of the ears with a Politzer's bag. I am sure a careful after-treatment of this sort will repay the surgeon, for there is always a tendency for the growths to recur, and, moreover, if inflation of the ears is not carried out, the results as regards improvement of the hearing will often be very disappointing. It will frequently be found after operation that the patient persists in his mouth-breathing; this must be checked by care on the part of the parents and by tying up the chin at bedtime.

I have never met with any bad after results in my cases, such as erysipelas, suppurative otitis media, etc., but such cases have been recorded, and it is, therefore, important to see that the drainage of the house and the sanitary arrangements of the rooms of the patient are sound.

When there are adenoids in conjunction with fetid otorrhea I invariably postpone operation until the fetid ear discharge has been improved. Otherwise there is a great risk of the infection of the raw surface left by operation in the naso-pharynx.

In my experience there is no surgical procedure that gives more immediate satisfactory results than a properly carried out operation for the removal of adenoids.

Enlarged Tonsils.—These, if present in conjunction with adenoids, should be removed at the same time. For ordinarily enlarged tonsils I use a guillotine of the pattern of Mackenzie's, except that the cutting blade is concave and not convex.

For tonsils that are flat and grow laterally down the wall of the pharynx, enucleation with the finger-nail under general anesthesia or the use of the galvano-cautery, is best. Some surgeons advocate removal of the tonsils with a bistoury. Personally, I do not like this method. Some time ago I had occasion to write an article in the *Lancet*, on "Hemorrhage following Tonsillotomy," and in looking up the subject I found that severe, if not dangerous, hemorrhage was more often noted in

cases where the knife had been used as the medium for removal.

In conclusion, I must reiterate the statement that careful attention in all cases of deafness must be paid to the condition of the nose, naso-pharynx, and pharynx, and that in a vast number of cases of so-called throat deafness, the hearing powers can not be improved, or cured, until the condition producing it in these parts is thoroughly attended to.

[Written for the MEDICAL BRIEF.]

Sin and Penalty

BY R. C. CAVE,
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It is often said that Liberal Religion treats too lightly the questions of sin and its penalty; that it preaches the goodness and love and mercy and forgiveness of God so as to blind men to the fact that he is "a consuming fire"; and that, instead of warning sinners to "flee from the wrath to come," it encourages them to continue in sin by teaching that all will finally be saved.

This objection to the liberal faith is altogether groundless. It is true that the advocates of that faith do not hold and teach the doctrine of sin and its punishment which is taught in the old creeds, but they condemn sin just as emphatically, and warn against it just as earnestly and strongly, as the most orthodox minister can possibly do. They teach that sin is an awful reality, and that its penalty is an awful reality; and that these are so wedded together that no power in the universe can divorce them. As one of them has said: "While they reject the midnight fancies that have so long held sway, they discern but the more clearly that, in the structure of man's soul and body, in the constitution of society, in the law of Nature, there is written in new lines, the old warning: "Whatsoever a man soweth, that shall he also reap." They teach that sin is the fundamental and essential evil of existence—that which more than all else is to be dreaded and shunned; that in comparison with which all other ills are as nothing.

But what is sin? We read that "sin is the transgression of the law"; but, if we would rightly appreciate that definition, we must think of the law which sin transgresses as something other than a legal code for the regulation of human conduct, proceeding from and resting on no authority higher than the "sovereign will and pleasure" of a supernatural lawgiver. Sin is the transgression of a law which existed long before any legal code was given to man, and which rests on authority higher than the arbitrary will of any being in the universe. It is the transgression of the eternal law of right fixed by nature. In the words of a profound Christian philosopher: "The distinctions of right and wrong are immutable and inherent in the nature of things. They are not the creations of expediency, nor of legal enactment; neither do they originate in the divine character. They have no origin. They are as eternal as the throne of deity, and immutable as God himself. Nay, were God himself to change, these distinctions would change not. Omnipotence can have no power over them. They make law. They are the source and spring of all obligation. Reason points out these distinctions, and the moral nature recognizes and approves them. The will and law and nature of God are in conformity to these distinctions, else that will and law could not be just and right and that nature could not be holy." To suppose, as some teach, that the will of God, as revealed in the Bible, is the ultimate ground of human obligation and the law of which sin is the transgression, is to suppose that virtue would become vice, and vice be transformed into virtue, if the teachings of the Bible were changed. Such a supposition is absurd. Hence, we conclude that the law of which sin is the transgression is not a legal code, given to us in the Bible or any other book, but the supreme rule of duty which inheres in nature.

The life of mankind to-day cannot be rightly regulated by statutory laws enacted by the wisdom which came to the world thousands of years ago. Things which are right on Monday are not wrong on Sunday because an old lawgiver said: "Remember the Sabbath

day, to keep it holy." Obedience to an ordinance like baptism, because commanded in the Bible, is not more obligatory upon man, more pleasing to God, and more conducive to salvation than the performance of moral duties commanded by reason and conscience. What man's moral nature declares to be just and right and true and good is not to be held subordinate to what are called the "positive commandments of God" given to us in the Bible. Things are not sinful merely because they do not accord with the teachings of some text of so-called "Holy Scripture." On the contrary, it is sinful to believe and obey the teaching of that scripture, if, in so doing, we must transgress the law of right written in the constitution of things, discerned by our reason, and approved by our moral judgment. The law of right and wrong inherent in the nature of things is supreme, and sin is the transgression of its provisions. Sin is the failure to live in accord with the conditions of life established by nature.

And sin being the transgression of nature's law, the penalty is not arbitrary, but natural. It is inflicted by the operation of nature's forces, and, in every case, its infliction is as certain as that effect follows cause. There is no easy method of forgiveness and salvation—no scheme by which man may continue in evil ways until the eleventh hour and escape the consequences of his wrong-doing by seeking refuge in the arms of a savior. Whosoever commits sin must pay the full and exact penalty of the sin which he commits. "The wages of sin is death," and "the soul that sinneth, it shall surely die."

This death is not the cessation of being; it is something infinitely worse. It is the wreck of being. It is existence out of its natural element, out of harmony with its true conditions, out of correspondence with its environment—existence which, instead of being adjusted to its surroundings, is in hopeless conflict with them. As the death of a flower which, deprived of the light demanded by its nature, droops and withers in the darkness of a damp dungeon; as the death of an eagle which, with broken wings, wearily and painfully drags itself along on the ground instead of soaring aloft to gaze in the face of the sun; such is the death to which sin dooms the sinner. It is a living death—the death, as Jesus described it, of the undying worm in the quenchless fire—the existence of an immortal being in conditions antagonistic to its true life and peace and joy. Sin being the transgression of nature's law, to the extent that man sins he gets out of accord with nature, his true environment, loses his true life, and becomes dead while living.

If the transgression be such as injures the eye and destroys the sight, to the exact extent of it, the transgressor becomes dead to all the beauties of art and all the visible glories of land and sea and sky. The delicate tints of the flowers, the manifold shapes and colors of the landscape, the gorgeous splendors of the sunset, the glory of the star-gemmed heavens, all things that appeal to mind and heart through the eye are to him as though they were not. If the transgression be such as injures the ear and destroys the hearing, he becomes, to the extent of it, dead to all the voices of the winds and waves, dead to all the endearing tones of friendship and love, dead to all sweet sounds and to all the inspirations and aspirations which they awaken. So he who transgresses the law of physical well-being in any way or degree, becomes, in that way and to that degree, physically dead while living.

And this is just as true of the spirit as it is of the body. The conditions of spiritual well-being are as fixed as the conditions of physical well-being, and the consequences of disregarding them are just as natural and inevitable. Just as the man who violates the natural law of physical life, impairs his physical organs and cuts himself off from correspondence with his material surroundings, so the man who violates the natural law of spiritual life enfeebles his spiritual powers and cuts himself off from vital connection with spiritual good. For example, it is a spiritual law that "man shall not live by bread alone, but by every word that proceedeth out of the mouth of God," that his soul shall be nourished not by material things alone, but by all divine truth. He who trans-

gresses this law by giving all his time and strength to the pursuit of material good and making mammon the object of his worship, robs his soul of its natural nutriment, starves and stunts his moral powers, and brings himself into a condition in which he is wholly dependent for happiness upon the "meat that perishes," and destined to become utterly wretched when, in the natural course of things, that meat also shall be taken from him. The powers of his soul, instead of being strengthened by exercise in the pursuit of spiritual things, are either misused or held in disuse; and, in accordance with nature's decree that whatever is misused or disused shall decay and perish, they become deadened, so that he is cut off from the enjoyment of all divine things as surely as the man whose physical organs are paralyzed is cut off from the enjoyment of material things. He does not cease to exist, but he is brought into a condition in which he is powerless to appropriate the good which is essential to true life, peace and joy. No sentinel, armed with flaming sword and guarding the gateway, is needed to keep him out of heaven. No personal devil is needed to drag him down to hell. His own moral state holds him back from the garden of delights. The blinded eyes of his own soul plunge him into darkness.

Thus, in all cases, nature punishes the sinner in exact proportion to the character and extent of his transgression. Sin itself wrecks and destroys man. Every evil act depraves him, every foul word degrades him, every vile thought leaves its slimy trail upon his character. It has been truly said: "The thief steals from himself; the liar turns himself into a living lie; the swindler cheats himself; he who injures his neighbor injures himself. . . . If men will flatter themselves that they can escape God, let them know that they cannot escape nature. He who runs in debt to her must pay unto the uttermost farthing."

This view of the case, instead of encouraging man to continue in sin, leaves no hope that he can commit a single sin with impunity. In this view of the case, the orthodox scheme of deliverance from the consequences of sin through the death of Christ becomes altogether impossible. Suppose that Jesus did die as man's substitute, and that, because of his sacrifice and intercessions, God does pardon the transgressor and treat him as though he were not a sinner—that does not meet the real difficulty in the case. The difficulty is not that God is unwilling to bless, but that man is incapable of receiving the blessing; not that God withholds the good, but that man is unable to enjoy the good; not that God shuts and bars the gate of heaven against man, but that man's moral powers are so perverted and deadened that he has no relish for and can find no delight in heaven. A thousand saviors might die as substitutes for the sinner; a thousand pardons might be issued to him; he might be taken up to the highest heaven and placed in the midst of heaven's brightest and best, and all that could not save him. He would be incapable of enjoying the pure pleasures and holy activities of heaven, just as a sick man is incapable of enjoying the food placed before him.

In the nature of things there is but one way of salvation. The sinner must work his way up out of spiritual death into spiritual life. By earnest, patient, arduous effort in the pursuit of good, he must quicken his deadened powers and bring himself into accord with the eternal verities of the universe. The longer this work is postponed, the more difficult it becomes; but, whenever man earnestly and truly enters upon it, he will find all the forces of nature, hitherto combined against him, working together to heal and save him.

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The Treatment of Hiccough.

M. J. Noir records the case of a girl, six years and a half of age, who suffered from persistent attacks of hiccough. M. Noir, on seeing her in one access, which had continued for six hours and a half, drew out the tongue and held it protruded for the space of a minute and a half, which calmed the spasms as if by enchantment. They did not reappear. This procedure is not altogether new, but is not, we think, sufficiently appreciated.—*Progres Medical.*

[Written for the MEDICAL BRIEF.]

Jaundice and Constipation

BY J. W. P. SMITHWICK, M. D.,
La Grange, N. C.

These two conditions are so inseparably united that it has been my custom to consider both together for a number of years. Wherever, as a rule, one of these conditions exists the other will also be found. Constipation sets up a jaundice of a hepatogenous character; whereas, jaundice of a hematogenous character always predisposes constipation, so that on all occasions we find the two conditions inseparably linked together.

The habits of the individual have much to do with these conditions. We observe in those who lead a sedentary life a decided tendency to constipation and recurring attacks of biliousness. We also observe the same conditions in those who are heavy eaters, and who do not respond to the calls of Nature for prompt and regular evacuations of the bowels. In all the classes, if the conditions are allowed to progress, we are soon enabled to discern symptoms of auto-intoxication developing in consequence of imperfect intestinal digestion, or symptoms of irregular gout and excess of uric acid from a condition of imperfect oxidation of food products absorbed by the lymphatics and lacteals. And if allowed to progress until either of these conditions develop, we are confronted with a very severe case for treatment, and one that is often incurable, and as often accompanied by numerous relapses by indiscretions on part of the patients, or other causes indefinable. It is much easier and far more satisfactory to treat the troubles in their incipiency when there is a minimum derangement of the functions of the organs involved, than it is to try to correct a morbid process that has firmly set its hold on the system.

In the treatment of the associated conditions, I have made use of all sorts of remedies and combinations of remedies, and finally settled on the phosphate of sodium as being the one that gave the greatest amount of relief in the largest number of cases. I continued its use until I was induced to try Chionia in some cases in which it had failed to give the desired relief, and since that time I have used Chionia entirely, which attests the fact that I have found it the best remedy for the co-occurring conditions, constipation and jaundice.

Of course, in its use I recognize the value of correcting bad habits, and the observance and performance of the laws of nature, and when I have patients I always advise them to avoid excesses of every kind as far as possible. If their occupations are sedentary in nature I advise as much open air exercise as possible; if their temperament is of a bilious type I advise against the improper use of food and drink. All of these are necessary adjuvants to the medicinal treatment, and of necessity must be observed, as in other maladies, before we can hope for ultimate success. True, I have had relapses to follow this treatment, but we have relapses in all diseases with all treatments. The thing most desired is the treatment that will give the best results with the least number of relapses, and this very fact holds me to the use of Chionia in the treatment of constipation and jaundice, the one dependent upon and co-occurring with the other.

For the purpose of illustrating my method of using Chionia, and the success I have had in its use, I herewith relate the clinical histories of a few patients, taken as they appear in my case book, viz:

Miss G., seamstress. Age thirty-four. Her occupation required a sitting posture from six A. M. until six P. M., which gave her a very little time for exercise, especially during the winter months. She related that for the previous two or three years there had been a great tendency toward constipation, but recently it had developed so that she would have about one voluntary evacuation of the bowels a week, and that was often clayey and pasty in appearance. Her skin was thick and sallow in hue, and the conjunctiva had a decided yellowish tinge. She complained of aching and tired sensations occurring in the limbs when she kept one position for any length of time, which was due to an excess of uric acid in the system, produced by the imperfect actions of

the bowels and liver. She was also troubled with intestinal indigestion. I advised her to take a morning bath every day, and to walk at least half an hour after the last meal of the day. I prescribed Chionia in teaspoonful doses three times daily, and cautioned her to observe regular habits as regarded the prompt and regular evacuations of the bowels. These directions were carefully observed, and at the end of two weeks she stated that a decided improvement had taken place. She has regular evacuations of the bowels; appetite had increased; the pale, sallow cast of the skin had disappeared to a great extent; and that tired feeling of which she complained had entirely disappeared. I advised that the medicine be taken in the same doses twice a day, morning and night, and a careful observance of all the hygienic and dietary precautions hitherto advised. This treatment was kept up for three weeks more, and at the end of that time the organs were performing their functions normally, and she said that she felt better than at any time previous for the past two years. Six months have now elapsed and she told me, only a few days ago, that she was perfectly well, and had been so ever since she stopped the medicine. Her appearance is that of a healthy person.

Mrs. E., age thirty-six. Was troubled with constipation and occasional bilious attacks, of which only drastic cathartics would give relief. She was rather stout and inclined to corpulency, though her appetite was by no means large. I advised her to observe regular habits regarding the evacuation of the bowels, and to take moderate exercise, and prescribed Chionia in teaspoonful doses, to be taken three times a day. At the end of two weeks her condition was much improved, so that with the aid of the medicine her bowels acted well, and nearly all the bad symptoms had disappeared. The medicine was continued in two daily doses for a period of four weeks longer, and since that time she has been doing finely, not having had a single one of the customary bilious attacks.

Mr. J., age forty-two. Had been troubled for quite a while with a constipated condition of the bowels, dependent upon hepatic torpor. The evacuations were usually small and clayey in appearance. The skin was thick and sallow in color, and the conjunctivæ were of a yellowish tinge. Stated that he almost constantly felt bad, that he had a bad taste, and as a rule, his urine was highly colored, which, upon being tested, revealed the presence of bile pigment. Once or twice a year he would have an attack of biliousness, which would confine him to his bed for a week or more. I prescribed Chionia in teaspoonful doses three times a day. In one week there was a noticable improvement. The bowel evacuations began to assume a more normal appearance, and the urine was not so highly colored, and he said that he felt much better. The medicine was continued another week in doses as above, and then in one daily dose for a period of three weeks. At the end of that time the feces were perfectly normal in appearance, and the bile pigment was no longer present in the urine, the yellowish discoloration of the skin and conjunctiva had disappeared, and he said that he felt perfectly well. A year has passed since the treatment was discontinued, and during that time he has continued well and is now in a healthy condition so far as his own statements and appearance will prove.

[Written for the MEDICAL BRIEF.]

Heart Stimulant and Tonic.

BY ROBERT FRAME, M. D.,
Milford, Del.

I have found in the use of Cactina Pillets a valuable remedy in nervous and functional heart diseases, and a great relief in organic diseases of that organ. It is of special value in so-called tobacco heart. I have been using these Pillets in my practice for the past six years, and the results have always been very satisfactory. They are a splendid adjunct when giving antipyretics to prevent depression, and the safest remedy to use in the treatment of the heart in cases of pneumonia. I am satisfied that they equal, if not surpass, any heart stimulant and tonic in the hands of the profession.

[Written for the MEDICAL BRIEF.]

Leukoderma.

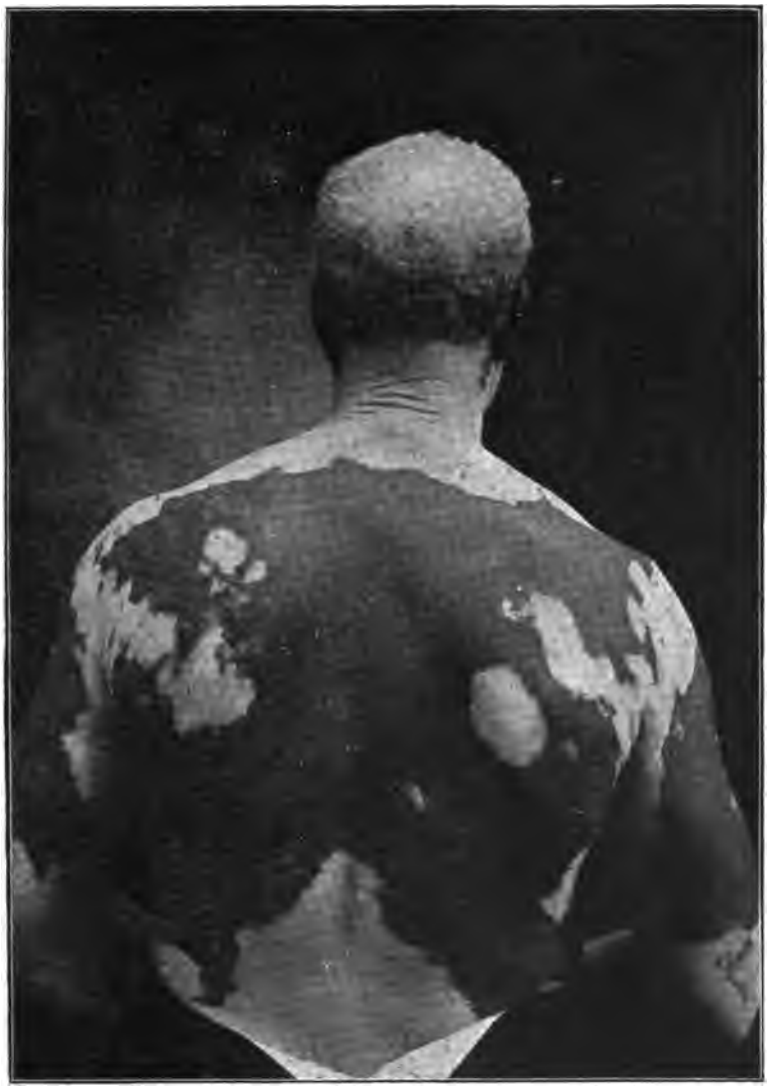
BY L. HILL, JR., M. D., PH. G.,
Covington, Tenn.

I send you some pictures of Robert Alston (colored), representing a far advanced case of progressive leukoderma. Robert is a full-blooded negro, seventy-three years of age, and was very black. The disease first made its appearance twelve years ago on his legs. It has since progressed rapidly, and now covers fully eighty-five per cent of his entire cuticle. About one-half of his face and head is white. Some black spots remain on his abdomen, breast and arms. The largest remaining dark area is on the upper part of his back. He has heretofore flatly refused to sit for his picture, and still refuses to have one taken full statue, in the nude state.

He tells me, however (and he is a truthful man), that he is entirely white from the waist down. It will be noticed that he is a fine specimen of physical development, weighs one hundred and eighty pounds, is otherwise in good health, and was never sick in his life except one mild attack of remittent

fever, which, however, seems to have had no connection with the origin of this disease.

Uncle Robert, as he is familiarly called, is a thrifty and highly respectable farmer of this (Tipton) county, Tennessee. He insist that he can heal by the laying on of hands. Being of a thrifty turn of mind, he not only lays on hands, but "rubs 'em" for a consideration. He seems to have invented a system of massage and suggestion of his own; also



was once a slave of the famous Alston estate, but is now a free American citizen, owning and operating his own plantation. The phenomena of the "Ethiopian changing his skin" has enveloped him in a mysticism which he is turning to good account. He is visited from far and near by the afflicted, who firmly believes that he possesses power of magic.

As shown in his picture, he has the hypnotic eye in "a fine frenzy rolling," like the poet and the magnetic healer, and like the latter he possesses many testimonials of miraculous cures which he has effected.

[Written for the MEDICAL BRIEF.]

Menstruation.

BY BYRON ROBINSON, B. S., M. D.,
Professor Gynecology in the Chicago Post Graduate School of Gynecology and Abdominal Surgery.
Chicago, Ill.

(Continued from page 519.)

The sexual organs themselves may continue the cause of the disturbed menstruation, as dislocation of the whole or part produces nerve trauma, compromises circulation by congestion and anemia. Myoma and growing pelvic tumors induce irregular hemorrhage, genital atresia, painful contractions, hypertrophy, menorrhagia and atrophy, amenorrhea. Premenstrual congestion exacerbates inflammatory processes in the genitals.

The breasts are very closely associated with the menstrual process, and influenced by it. In the premenstrual time the breasts swell and become sensitive. In myoma of the uterus the breasts are apt to become hyperplastic. The breasts should never be removed without a pelvic examination. In some cases a milk-like fluid secretes from the nipple during the activity of the monthly, or the nipple may bleed vicarious menstruation. The menstrual process exacerbates the restlessness of general disease. The relation of menstruation with chlorosis and osteomalacia is not satisfactorily established. The temperature which arises at menstruation is due to infection—perhaps forced from the fimbrated extremity of the oviduct by peristalsis. It is my experience that patients with non-developed genitals to any marked degree (*i. e.*, hopelessly non-productive) would be far better off with the menstrual organ (uterus and oviduct) removed, *per vaginam*, at first discovery. The non-developed organ is nearly always the menstrual organ or the uterus and oviducts, and, of course, should be the organ attacked surgically, and not the ovaries.

In dysmenorrhea our attention should be directed to the endometritis, moderate dilatation, curettement, with the application of pure carbolic acid to the endometrium. A rubber tube could be fixed in the uterus for a couple of weeks. It may be expected to better the symptoms only in membranous dysmenorrhea, but not to cure. The bromides combined with remedies (valerian and assafetida) which distinctly affect the olfactory nerve (for the phychosis) are the chief ones employed. I have seen little good from the lauded remedies such as oxalate of cerium, viburnum, permanganate of potassium. The use of electricity is occasionally accompanied by improvement; however, infection is liable to follow its intra-uterine application. In dysmenorrhea the patient is generally debilitated from long-continued reflexes playing on distant organs. Such patients require old habits broken. The skin should be drained by daily baths and massage. The kidneys should be drained by ample drinking of water. The bowels should be regulated daily by drinking large quantities of fluid, containing some mild cathartic as $mgso_4$, irrigate, etc., at night on retiring. Regular hour for evacuation, say after breakfast, with its hot coffee, should be required. Opiates and chloral should be avoided, as the drug habit is liable to be acquired. Tonics which enhance the secretion of gastro-intestinal juices and consequently digest more food, may be administered. The taking of some kind of drug stimulates the confidence and energies of the patient. The patient relies on a remedy as the only means of cure.

The symptoms of membranous dysmenorrhea are various and numerous on account of the frequent accompanying neurosis. The membrane may be expelled with little pain, or be accompanied with extreme paroxysms and agony. The patient generally presents a miserable, weak, neurotic condition. She complains, after the expulsion of the fibrinous mass, of soreness in the lower abdomen. The expulsion of the membrane may be regular at each monthly, interrupted by some months' omission or by pregnancy. Patients possessing membranous dysmenorrhea are generally sterile, neurotic from long-continued disease, changed little by medicine or therapeutics, with an evil prognosis. The therapeutics of most benefit are persistent drainage of the skin, bowels and kidneys. The

skin should be rubbed with salt water daily, massaged frequently, and receive electricity. The bowels should be treated by wholesome diet, sufficient salines administered in fluid at night to secure an evacuation regularly every morning after breakfast (habit). The kidneys should be treated by drinking ample quantities of fluid. A tonic may be administered, drunk in hot fluid before meals. Local treatment is of little value.

Treatment—Perhaps amenorrhea alone does not justify a vaginal examination in the unmarried. However, menstrual suppression in a subject with established monthly periods is almost always a reason for considering the necessity of examination for the sake of both the patient and the physician's reputation. Impulsive decision, as to suspicious pregnancy, should be entirely intracranial until positive evidence is obtained, viz.: uterine rhythm, fetal heart sound or fetal movements. Menstrual suppression may be due to tuberculosis, the growth of an ovarian tumor or an hematocele. The uniform, soft balloon-shaped uterus should indicate pregnancy.

Puberty is the beginning of womanhood, which awaits special dangers. The dangers may not be directly connected with the sexual organs. Mental disease, nymphomania and mental eccentricity may arise. Puberty opens up the field of menstruation, and heralds the development of the primary and secondary sexual characteristics. In animal life the keenest struggle has been in the field of sex, and it is not to be wondered at that the great physiologic changes arise at the period when the young animal enters the dangerous battlefield of reproduction. The occurring mental eccentricity is the fault of the ancestry and not of the individual. Should not the parent give instruction to the child as to sex, and would it not lessen sexual evils?

The Menopause.—The menopause signifies the cessation of the monthly rhythm. It is the climacteric period, or the "change of life." It is the time of life when the hypogastric plexus begins to atrophy, and the higher orders of the abdominal brain are unable to pass along the withered sympathetic tracts to initiate a monthly rhythm in the automatic menstrual ganglia located in the uterus and oviducts. The woman's heat center is disturbed, and she is afflicted with flashes. Her circulating center is disturbed, and she has flushes. Her sudoriferous center is irritated, and she has spells of sweating. The menopause requires an average of two and one-half years to become established. It occurs approximately at the age of forty-five years. Climate and race influences it as it does puberty. It may cease suddenly, but is usually a gradual process. The flow of each period may become less and less until only mucus appears. Terminal metrorrhagia may be observed. In the menopause women are subject to headache, mental disturbances and melancholia, accumulation of fat, which may be mistaken for a tumor. The unbalanced nervous system easily falls a prey to harmful drugs, as alcohol and opium. Secretions of skin, bowels and kidneys are deficient and irregular. The skin becomes pigmented. An early puberty means a late menopause, and a late puberty means an early menopause. Some women cease menstruating at thirty-five, others at fifty; however, one must be suspicious of so-called monthly after fifty, as malignancy prevails at this period of life. The menopause may occur suddenly or gradually. Senile endometritis, as well as profuse hemorrhage, may occur. The presence of a myoma may cause a late menopause. The uterus atrophies, sinks in the pelvis, its musculous becomes thin, the connective tissue increases, the endometrium atrophies, its glands diminish and become straight. As regards the nervous system many phenomena are common to puberty and the menopause, as hysteria, neurasthenia; hyperesthesia and anesthesia of skin and mucosa are frequent. Burning, pressure and beating sensations cause local muscular contraction; pulsation, headache, dizziness, faintness, sleeplessness occur, showing a varied neurosis. The psychosis occurring during menopause may be nothing short of insanity, the patient insisting that she is pregnant, persecuted, possesses some animal in the abdomen, kicks, etc., and she shows the swollen breasts, with monthly cessation,

as proof of pregnancy. Odd and absurd delusions may persist for months. The subject will insist that she has a tumor, because her abdomen increases, and when told it is accumulation of fat, she pretends to be offended, and will not admit the fact. Hyperesthesia of the skin induces the subject to experience crawling sensations and irregular contractions of abdominal muscles, induces the belief of tumors, and doubtless the hyperesthesia of the mucosa of the tractus intestinalis calls up the sensation of animals moving in the stomach and abdomen.

The treatment of the disturbance, chiefly neurotic, in the menopause, is, *par excellence*, drainage. Nothing affects the patient like a brisk purge of mild chloride. However, the patient should be directed to take half teaspoonful of $mgso_4$, or a corresponding amount of citrate of magnesia in a glass of fluid every night, and evacuate the bowels every morning after breakfast, the tractus intestinalis being stimulated by the hot food and coffee. The skin should be drained by daily half-hour salt rubs, and if perchance required, by massage and electricity. The kidneys should be drained by drinking ample quantities of fluid. Rational diet should be instituted. Local gynecologic treatment is generally not required. A tonic containing either fluid extract of valerian or tincture asafetida to impress the mentality through the olfactory nerve is quite efficient. The old associations, environments and ruts in which the subject has lived, should be broken as much as possible. Much of the success of the sanitarium is due to the new associations, diet and drainage of the skin, bowels and kidneys by baths and drinking fluid. Irritability, which frequently accompanies the menopause, should be combated by rational measures.

In the post-menstrual period, a leucorrhea is liable to appear, headache from anemia and debilitated condition may occur.

General Remarks on Menstruation.—The signification and utility of menstruation is not understood. It is a function peculiar to the female, heralding a new capacity; consists in the escape from the vagina of a dark brown colored fluid, acid in reaction and noncoagulable. Menstrual fluid shows under the microscope, epithelia from uterus and vagina, and blood corpuscles with mucosa. The chief source of the blood is the endometrium; however, the author has observed blood corpuscles and mucus in the endosalpinx.

In Chicago the average age at which the girl begins to menstruate is fourteen years, and it continues until about forty-five. The amount of flow is about four ounces, and continuing about four days. The normal monthly rhythm consumes twenty-eight days. Some authors and investigators assert that menstruation is accompanied by more or less changes in the endometrium; that the superficial epithelia may be desquamated; while others add that the endometrium is only partially destroyed—expelled. The author pursued the microscopic examination of the endometrium and endosalpinx during menstruating but could detect no general desquamation of the superficial epithelia of the endometrium, and no change in the epithelia of the endosalpinx. However, the utricular glands become longer, wider and more tortuous. Their lumen becomes filled with blood and mucus. The interglandular tissue becomes swollen and edematous and infiltrated with cells. The endosalpinx shows chiefly edema, blood and mucus lying in its lumen. The superficial epithelia of the endometrium appears to become ruptured in circumscribed localities, allowing the blood exit on the endometrial surface.

The animal which menstruates like a woman, as the higher ape on examination of the genital organs of the monkey and baboon while menstruating show not only a periodic genital rhythm and flow of blood from the vagina, but also a coincident coloration and congestion and swelling of the external genitals and adjacent parts. Coloration and congestion of other naked parts also exists. Subjective symptoms, objective signs of menstruation in the macaque and baboon may be observed as the woman. Microscopically the endometrium and endosalpinx of the macaque and baboon show no trace of destruction changes in the endometrium, no shedding of the

superficial epithelia. Hence it may be stated that during menstruation *in homo*, no shedding or desquamation of epithelia occurs in the endosalpinx. In the endometrium during menstruation the destructive changes may consist in shedding or desquamating the epithelia in circumscribed localities only. The uterus and oviducts are the organs of menstruation, while the ovaries are the organs of ovulation. Reliable investigators claim that no desquamation of the epithelia of the endometrium occurs during menstruation. Spontaneous dilatation of the cervical canal occurs during the intra-menstrual phase, regardless of the quantity of discharge or accompanying pain. In the lower animals, as in the pig, menstruation, estrus and ovulation are coincident. In man, menstruation and ovulation are independent processes. Should ovulation occur at or during menstruation it is a mere coincidence. Congestion during menstruation may aid in hastening ovulation

Menstruation is accompanied by changes of a circulatory character in the entire genitals, breasts, voice, anus, tractus intestinalis, kidneys, heart, the mucosa of the respiratory passages, color of the skin, especially about the eyes.

Ovulation can occur without menstruation. However, menstruation will not continue without ovulation. Yet the author has had regular menstruation follow double ovariotomy for fifteen months. This shows that the endometrium plays an independent role in menstruation to a certain degree. At present two theories of menstruation exist, viz.:

(*a*) It depends on ovulation.

(*b*) It is independent of ovulation.

It is a manifestation of the nervous system and resides in it. The author advocates that menstruation is due to automatic menstrual ganglia located in the walls of the uterus and oviduct. Menstruation is a periodic rhythmical process, limited to the uterus and oviducts. Ovulation is a progressive process, beginning before birth and ending in old age, when the ovarian tissue is worn out. The so-called genital center of the lumbar cord is supposed by some to control menstruation.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Persian Correspondence.

BY SHIMOON K. GEWERGEZ, M. D.,
Oroomia, Persia.

Medical science is almost unknown in Persia, and there are very few doctors; and those really home-made, or self-made you may call it.

I will endeavor to give you a few cases in point of interest of the ability of the average physician. There are, in a radius of twenty miles around me, about twenty-five towns and no graduate physician, yet there are many of these self-styled doctors—both men and women. Most of these self-styled doctors can neither read nor write their own language, many of them not even have a common school education, so you can judge for yourself the way in which they diagnose and treat their patients. A few cases in point will serve to show you their methods: A few weeks ago, a man supposed to be suffering from piles called in one of these doctors (?) a female doctor by the way, who went to the patient's house, who told him to lie on his back for the operation. She never made an examination as to whether the patient had piles or not, then she took a big *butcher knife*, and introducing her finger into the rectum, she cut every fold which she could see or find; when suddenly she cut the large hemorrhoidal artery and thus let the patient bleed to death.

Another case was that of a lady, married, who went to one of the male doctors, who made a diagnosis of piles. He took some gun powder and poured on the cervical vertebra, then with an iron rod, red hot, he cauterized from the neck down to the trouble at sixth or seventh vertebra, using no anesthesia, and then poured on the wound hot oil to stop bleeding, and bandaged it. She was compelled to remain in bed four months, without any good result. Her neck remained stiff for two months because of this treatment.

This patient came to me a short time ago and told me the facts as above. When I examined her, I found she had cervicitis and stomach catarrh, and will treat her rationally for same.

[Written for the MEDICAL BRIEF.]

Inanimate and Animate.

BY W. F. BALL, M. D.,
Mantua Station, O.

Earth, water and sunshine is a trinity. These three produce all we have, all we are, and I was going to say all we will be. What are we but the product of earth? Is not our origin the same as any other animal? Wherein do we differ from the lower animals only in thought and word? We are brought into the world in the same way as animals. We consume earthy food same as they, and grow the same, only we have grown to brain, while animals have grown to bones, hair and muscles. There was a time we could not produce our kind, but by partaking of food stuff we grew to be reproductive.

We stand at the head of all earthly production from the fact simply of more brain capacity than other animals, hence we can converse, write, read and invent. We began at the foot of the ladder, and have climbed up the ladder of development to our present status. Oh, for the unwritten history of our origin! It is all silent, and we will, perhaps, never know.

We are born more weak than animals, but all grown from the earth, whether vegetable, animal or mineral, all had its origin in the earth, and was grown from earthy substance by light, heat and moisture; and the strength of the soil, or the degeneration of vegetable and animal matter, once vivified by the same law.

We are not the first vivifiers of the inanimate. The earth, by moisture with heat, has produced vegetables of innumerable shape, form and size, each filling its place of usefulness to be consumed by animal and man, which lends its nutritive elements to the growing of a body and organs for the consumer. It does not matter how the inorganic matter is disposed of. If not eaten by animal or man it returns to fertilizer and grows other food stuffs, which, if consumed by animal or man, goes to grow organic matter. Thus, organic matter is grown from the inorganic, from the lowest to the highest. All nature is thus passing from the lowest form to a higher, moving onward and upward. Our bodies are all grown from food elements bountifully supplied by Nature for our sustenance and growth. Hence, all we have and all we are is from food stuff grown from Mother Earth.

Hence, as Paul said, we have an earthly body, which returns to earth from whence it came. And we have a spiritual body which is resurrected from this earthly body, and returns to the God who gave it. This is called death by the church people, while we call it resurrection to life and the new birth. Our birth into earth life is by fixed law. Our present condition is maintained by fixed law. Our resurrection to a higher life is also through fixed law. These laws are immutable, always recurring by fixed conditions, never altered to suit the whimsical petitions of those who pray, going on in their even tenor of life and death in all nature. That which dies is simply changed, and is brought about in another form, with the tendency to a higher plane. Mankind stands at the head of all earthly matter, and is perfection of earth life, and when he has run his course here on earth, he is simply transported to a higher life to dwell with the angels, and to advance through the entire labyrinth of God's celestial realms. Eternity is too long for us to measure. We can not even conceive of the sublimity of the Most High.

We have to become purified to onward march through the spheres of God's magnificent domains, as we mount the spheres of eternity, and progress toward the divine, becoming more pure as we onward march we learn more of God and His divine plan to His children. What a glorious theme to contemplate when we think that not a soul shall be lost. But that the divine principle in the bosom of all creation will, at some time, awaken to a realization that there are better conditions for each individual to enjoy, with which will come the strong desire to rise above what they have maintained, and that progression will then be their watchword; and as they begin to progress a still stranger desire will seize them, and waft them on still higher to new pleasures and brighter realms.

When we think of the vastness of space filled with planets without number, so much larger than our globe as to become beyond our comprehension—even the "Milky Way" is simply innumerable planets so far from our earth that we can only see the lights emanating from their spheres. Then go beyond them for millions of miles, and we find it filled with the bright handiwork of God, in still more magnificent orbs floating in space to which there is no end. Space can not end, hence it will require an eternity of time to visit all God's wondrous worlds that float in space with such exactitude as never to collide. When we consider their great number, it requires a God principle to have each one act so as not to interfere with its fellow in their great revolutions around the innumerable centers, forming untold nebulas of floating orbs which eternally revolve around the many centers. New worlds are discovered almost annually, which were unknown before, each one assuming a place in the starry canopy of the heavens.

Creative power appears to ever be present in all Nature. New insects, new plants, all appear with rhythmical exactitude, and assume their places in the stupendous whole, when we are led to exclaim: "Great are Thy works, Thou most divine!"

Inanimate matter becomes animate by growth of cereals. Consumed by animals, they become animate and organic, while they again die and become inanimate matter. Thus the stupendous whole from man down is all evolved from inanimate substance, and again returns to its primitive condition of gaseous matter, and finally becomes earthy, from whence they have all been derived. Hence the term, evolution, is the true significance of all nature. All is constantly changing from one condition to another.

Another law of evolution is that each change shows a gradual rise in the development of our race. We, like all else, began at the foot of the ladder with simply enough knowledge to shun danger, same as the animals, by instinct.

The Adam of mankind was but one step higher than the highest animal. There is simply a gradation from the lowest possible organized matter up to man, the highest. Man stands at the head of all organized matter, and is climbing in the line of intellectuality decade by decade has he gained his present eminence. What his future is to bring forth can only be pictured in the minds of those who cast a horoscope of the future. Even then, they will perhaps come far short of man's futurity. As the capabilities of the human mind go beyond man's present conception, his destiny is stranded in the non-visual future, and time alone can solve that question. We can only view the future by the past. New developments arise as necessity calls for more development, and man appears to be ever ready with talent awaiting the call. Each new idea evolved illuminates some dark recess of the future, and produces invention to cope with what was considered insurmountable prior to the necessity set forth.

To think all this phenomena comes from and is evolved from inorganic matter is only a record of truth. And when we compute even a single century, and compare it with our present standing, it makes us exclaim: "Wondrous are Thy powers."

Where was steam power one hundred years ago?

Where were railroads one hundred years ago?

Where was electricity one hundred years ago?

Where was the labor-saving machinery one hundred years ago?

Think of what one hundred years has done, and then ask yourself: What will one hundred years of the future bring forth? And you will be led to say, by far more than the past hundred, from the fact of better facilities, better education, higher developments, brighter minds, better thought and better execution.

The past is full of mythology, and even the present is largely controlled by the same crude conditions, and as these fall into past history, and we immerge from the dark condition of mythical thought, brighter will be the development of the human mind and higher will the eminent minds soar into the now unknown.

Bigotry, creeds and mythology have ever cursed our race and held her back

from attaining the higher knowledge of man's capabilities. When these mythical creeds and dogmas of man will cease, then will mankind develop as never before. Then new discoveries will be developed and utilized, making the labor of mankind more easy, giving him much more time for thought and improvement. The youth will then advance more rapidly by new modes of education. Not so much perhaps in the dead languages, but in the line of progress where needed. Any lack of any one part of progress will be made a special study, and will develop rapidly. Chemistry will develop until most of the necessities of life will be extracted from the elements, which will still lessen the corporal labor, and the time will be spent in investigating true scientific accumula.

The improved machinery of to-day has given much more leisure to us of to-day than to our forefathers. The onward march of science will ever do the same, and soon mankind will have to labor but a few hours each week to realize a competence and enjoy luxuries unknown before.

The future will be marked by greater developments than the past. Chemistry will come to the front by discovery and much study. The elements will produce much of the necessities of man without tilling the soil; the twentieth century will bring more light along this line than ever yet discovered.

Mankind can now liquefy the air, and throw water into gas. He can even throw gold into gaseous matter, which floats in the air. The capabilities of the human brain is beyond computation.

Each decade of time brings new wonders to light and usefulness. Why not, when man needs any specialty, extract it from the elements? Necessity brings invention, and the human mind appears to be capable of producing any requirements that are a necessity. The age of the world is ever ready to produce the requirements of man. What appears to be impossible to-day is made perfect to-morrow. We can only measure the future by the past.

Time solves all problems, no matter how difficult. Nothing is too hard for the brain of man to solve. Simply when a call is made the material soon follows, showing the great expansion of the human mind. "Necessity is the mother of invention," is an old saying and a very true one, as past history has ever shown. As we progress new wants are established, and the inventive faculties of the brain of some one comes to the front with the required knowledge or invention to fill the want.

To recapitulate: Will say earth is the producer of vegetable, animal and man. Now, if man has a soul, where does it come from, or is it grown from food stuff same as his body?

This is a question I should like for some one who can cast light upon this mooted question to speak and let us know where the soul of man comes from, and also at what time he becomes a living soul.

To me this would be of great worth, for I can show absolutely that our temporal bodies all spring from the products of Mother Earth. But the Adam of mankind to us is unsettled, and the question is still ever present and unanswered. What is the origin of our species?

Facial Massage.

Massage of the face has the same effect as that of any other part of the body. The manipulation of the muscles quickens the circulation of the blood and betters the local nutrition, not only of the muscle, but of the skin and other structures that are associated with it. In this way the complexion may be cleared, the facial expression may be improved, and skin disease may be greatly benefited. It is also often very useful in the relieving of neuralgia of certain nerves of the face.—*Pacific Health Journal.*

Neuroses of Pregnancy.

Dr. W. G. Krauss, Cleveland, Ohio, says: In cases of pregnancy where the sleep is disturbed, caused by reflex neuroses I find Peacock's Bromides superior to any other form I ever used. In epilepsy it is excellent, especially where there are marked spasmodic convulsions of the muscular system.

[Written for the MEDICAL BRIEF.]

The Quarantine and State Board of Health Laws—Police Force is Not to Take from the People Their Rights, but Maintain Them.

BY R. C. BAYLY, A. M., M. D.,
Decatur, Ill.

[Paper 5.]

Nearly every country makes provision for the protection of its people against diseases, especially against contagious diseases brought by vessels from abroad.

These are mostly from hot and unhealthy climates. The power of quarantine regulations is incidental to that of regulating commerce with foreign nations and among the several States, conferred by the Federal Constitution. This power, not being prohibited to the States, is rightfully exercised by them until acted upon by Congress. When the government was organized, quarantine regulations existed in some of the States, and others have since been added.

In 1799, a hundred years since, Congress passed an act recognizing the quarantine and health laws of the States, and required the collectors of customs, the masters and crews of revenue cutters and other national officers to aid in their execution. Authority is given for extending the time of entering goods, and their storage in certain cases, to enable importers to conform to these State regulations. Each State continues to make its own laws upon these subjects.

Quarantine is the number of days which would be the extent of time necessary to remain outside of a port for a disease to disappear from on board a vessel. But it is not until all danger is supposed to be passed that such vessels are allowed to end their voyage and land their goods and passengers.

In some States these humane regulations are brought to great perfection. They become a part of the Federal system, being adopted by Congress, and they are executed to a certain extent by Federal officers.

But every State has, or should have, a Board of Health, not to regulate the practice of medicine, but to attend to all matters of quarantine in the State as well as of vessels from foreign shores, and other matters coming properly and legitimately under its control.

I say this much about State Boards of Health, because some have supposed that I am entirely opposed to them, but I am not by any means. However, I am opposed to nearly every State Board of Health in the country, because they are wrong, unconstitutional, and violate every principle of kindness and justice between man and man, and are a menace to-day, at least in Indiana and Illinois, to all that goes to make up fair dealing with the people of the States, and especially the rights of the medical profession. They rob the public treasury, and bar physicians of inalienable rights, and filch from the pockets of doctors their money. Apart from this they make a place on the official records of the State that is a disgrace to a free people. These officers claim to have authority to exact money and licenses of doctors, or bar them from their rights to practice by the police force of the State. What is the police? It is that branch of administrative justice which extends to the prevention of crimes, by watching over public order, preventing breaches of the peace, removing nuisances, etc., of a city or incorporated town. There is no class of men in the world that are more orderly, and that keep the peace better than physicians. As a rule, they are a peaceable, law-abiding class of citizens, and, therefore, the State Board of Health can have no use for police for doctors at all. But what is police force? Force, strength or power exercised without law, or contrary to law, upon persons or things—violence. Yes, without law—force physicians to pay, go to jail, or both. Great God! There was a time in the civil war, when an attempt was made to compel me to obey rebel law, and colt's pistol was always my sure defense; and I tell you, doctors, were I again young, and State Board officers threatened me with the police club, that old pistol, that never missed fire, would clear out the way to the exercise of my rights, as then it never failed to do. I tell you, this business is carried on in Illinois and Indiana against every principle of justice, and against the Constitution of the United States, and the decisions of the courts of justice.

While such audacious violence and wrong is practiced, there can be no protection for life, liberty or property, and the constitutional guarantee is as sounding brass and a tinkling cymbal.

Article fourth and Section four of the Constitution says: "The United States shall guarantee to every State in this Union, a republican form of government, and shall protect each of them against invasion and domestic violence." Domestic violence means the violation of home, and it is, therefore, evident that the practice Act represents, not a republican, but a monarchical government. It is in open rebellion to the order, and to the guarantees of the national law.

Doctors, what will you do? Will you allow this usurpation of your rights to go on unchecked, without a word or an act of condemnation? Never; no never. I believe in medical liberty as well as religious freedom, and doctors contend only for that liberty that is founded in right and truth, to be exercised within the bounds of law; and as Jefferson says: "Equal and exact justice for all and special privileges to none."

The safest and most enlightened interpretation of constitutional law comes to us from the Supreme Court of the United States; and it should be amply sufficient to convince any sane mind that the police force of the States is limited, like all State laws, by the supreme law of the land. That instead of using power to rob physicians, it is a power of the States extending legitimately to the protection of the lives, liberty and property of citizens, and this the courts have positively affirmed.

In Foster *vs.* Kansas, 112 U. S., 206, the court said: "These cases rest upon the acknowledged rights of the several States of the Union to control their purely internal affairs, and in so doing to protect the health, morals and safety of their people by regulations that do not interfere with the execution of the general government, or violate rights secured by the Constitution of the United States." Here I emphasize the fact, which is particularly pertinent to the case, that the Supreme Court directly asserts that the citizens of the several States have rights secured them by the Federal Constitution, and the States have no authority to usurp those rights.

The police power of every State, no less than that of legislation, is limited, and must be under the control of the paramount authority. The Supreme Court, therefore, declares that it does not follow that every statute enacted is to be accepted as a legitimate exercise of the police powers of the State.

When a statute, like the Practice Act, is a palpable invasion of the rights of citizens, secured by the fundamental laws, it is the duty of the courts to so declare, and thereby give immediate effect to the Constitution.

Liberty, property, personal inalienable rights belong to the individual, and he who would deny them is a tyrant.

While the American people have shaken off a State religion with its army of filthy blood suckers, they have permitted the establishment of a State system of medicine, which is just as tyrannical in its methods, as subversive of the liberty and rights of the citizens, as any system of religion backed by the civil power, ever dared to be.

Every meeting of the Legislature is marked by the advent of a number of knaves and fools who undertake to have laws made to curtail the natural rights of some class for selfish purposes. Medicine, like religion, has its aristocrats, a class who want to be the greatest, the possessors of unusual power, who want to be walled in and supported by the common "herd" of mankind. They want the protection of law to better and more systematically rob the people. It is these legalized cormorants who have entered into a conspiracy, widespread as the United States, to maintain a kind of medical trust.

This medical trust is at work in Indiana and Illinois, under the plea that it is for the "dear people," which is the common hobby of all the political rogues and scoundrels in the world. The laws they have made are an outrage on the rights and privileges of individual liberty. They assume that the people are all fools and need to be protected. But if we are to have State medicine, and if the people are incapable of self-government, why not have a superintendent over all the affairs of life and

declare that the people are fools and can not think for themselves? The truth is, we need protection from State paternalism, which is to-day, and always has been, as much opposed to liberty and the rights of freemen, as the claims of the worst despotism. The makers of these laws to regulate the practice of medicine are trying to live out of the public crib, without working for an honest livelihood.

The people have never, in any State, called upon the Legislatures for laws to regulate doctors or their practice of medicine in any way. The call came from a different source. Nor was it from that class of physicians who are competent to get and hold a good practice. They want no laws to protect them from honest competition of others, they can demonstrate their ability and usefulness, and never resort to political trickery to procure an honest living. The *Chicago Daily Record* interviewed the doings of the State Board of Health, up to November 20, 1899, regarding its official principles and purposes. At that time ten installments of the facts gathered had been given to the public, and the Editor of the *Record* says he has a large stock on hand which will be printed later.

The *Record* publishes interviews with some of the leading physicians of Chicago, who freely express their opinions of the Medical Practice Act, and of the State Board and its methods. Dr. Quine, Dean of the College of Physicians and Surgeons, said: "I do not know whether quacks are paying to be permitted to practice, but I do know that they have flourished during the last two years as never before in this City."

Dr. Holmes, ex-President of Rush Medical College, says: "The present State Board of Health and the Medical Practice Act of 1899, are both held in contempt by the better class of physicians."

"Another Trust in Danger" is the title of a leading editorial in the *Chicago Chronicle* of November 8, which we quote in part. The editor says: "Unfortunately, the Medical Practice Act invested the State Board of Health with powers which menace the safety of the individual doctor. The provision authorizing the Board to refuse or revoke licenses for 'unprofessional conduct' placed every physician in Illinois at the mercy of a body, none of whose members is particularly distinguished in the profession of medicine, and none of whom is necessarily capable of judging what is and what is not such unprofessional conduct. Now that there is a strong movement among the doctors themselves, against the continuance of the State Board of Health as an examining Board, it is not unlikely that the Legislature will repeal the Medical Practice Act."

How the Medical Practice Act passed the Senate is told by Senator Hussman in a letter to Dr. Bland, which I quote by permission.

"EFFINGHAM, ILL., April 21, 1899.
Dr. T. A. Bland, Chicago.

DEAR SIR:—In reply to yours of the 15th inst., permit me to say that the Medical Practice Act was sneaked through the Senate, when everything was being crowded in the closing hours. It was not read at large, as the Constitution of the State provides, but only by title, which makes the Act unconstitutional.

Sincerely yours,
B. L. HUSSMAN,
Senator Forty-Third District."

On the whole, it appears that the Illinois State Board of Health, given by the *Chicago Record*, is a public nuisance, while the statement of Senator Hussman's letter shows that the Practice Act is not a legal document. This is evidenced from Judge Tuthill's decision recently made. The State Board of Health attempted to revoke the license of Dr. W. Frank Ross, of Champaign, for the unprofessional crime of advertising his sanitarium. Under the advice of the Secretary of the American Medical Union, Dr. Ross employed an able lawyer, Hon. James Allen, of Chicago, who applied to Judge Tuthill of the Circuit Court of Cook County for an injunction restraining the Board from depriving his client of the right to pursue his professional business. A temporary injunction was granted, and after hearing arguments on both sides, Judge

Tuthill made the injunction permanent on the ground that the Board has no legal power, under the Act of 1899, to revoke a license issued prior to the passage of that Act. *The Chicago Legal News* prints that decision in full, under the heading "The State Board of Health Out of Business."

The State Medical Board, of Wisconsin, had Dr. Malstrom arrested for practicing medicine without a license, which they had refused to grant him, on the ground that he graduated from a medical college which, although it was a legally chartered college, it was not in the list of those recognized by the Board. Dr. Malstrom was acquitted by the court, which has the legal effect to deprive the Board of its privilege of blacklisting medical colleges.

This proceeding of the Wisconsin court, as well as the decision of Judge Tuthill, of Cook County, Ill., sustains the legal position I have taken in these papers against the medical practice acts generally. They are unconstitutional and in open rebellion to the rights and privileges of doctors, and a menace to free government and the individual liberty of the people.

In my next paper I shall show the bad origin of the Practice Acts, and the presumption of State Boards of Health relating to medical colleges.

[Written for the MEDICAL BRIEF.]

Tobacco as a Cortical Stimulant.

BY J. G. M'KAY, M. D.,
Birchfils, Birmingham, Eng.

Tobacco has been much anathematized for its deleterious effects on the system generally. It has, however, I think, a useful quality inasmuch as in the form of a good cigar, especially, it will be found to be a cortical stimulant—acting by flushing the vessels at the base of the brain. In this way it acts as a useful mental exhilarant.

Best Uterine Tonic.

Dr. P. H. Owen, Morganville, Ala., regards Aletris Cordial the best uterine tonic he has met with in a professional experience of over twenty-five years.

[Written for the MEDICAL BRIEF.]

The Right Spirit.

BY W. H. BROWN, M. D.,
Obe, Texas.

Enclosed find one dollar for which please send the beloved BRIEF. It is needless to say I enjoy reading its pages so brimful of practical instruction and general medicine, and its scientific application, for I think my continual subscription would answer the question. I am glad that you are spending your life and energies in your chosen field, as you seem to have been chosen from among many as the one most fully meeting the demands of one in your position. If I do not err in my judgment, the rank and file of our great medical army could ill afford to lose your efforts to help us hold aloft the flag which means to every loyal heart eternal warfare on disease and a few anti's which should be put under foot. God grant that your life and energies may be preserved in full vigor for years to come, that you may enjoy the blessing, and that the profession will thereby be benefited in the continuance of your services, which are both vigilant and untiring.

[Written for the MEDICAL BRIEF.]

Twin Pregnancy.

BY RICHARD T. GOTT, M. D.,
Poolesville, Md.

In looking over my record, I find a case that will be of interest to Dr. Nicholson.

August 6, 1887. Called to see Mrs. R., negress, aged about thirty. Four children and numerous abortions. About six months pregnant. Had been in pain several hours. Considerable hemorrhage. Found os dilated. Removed a plump, well-formed fetus of about six months, and one about half as large, much shrunken. She said that about two months previous she had sharp cramp pains in lower part of stomach, lasting about one hour, but passed nothing.

This was evidently a twin pregnancy. The one fetus was destroyed when she had those cramps, the other one continued to grow for two months longer.

[Written for the MEDICAL BRIEF.]

Hydrocephalus with Spina Bifida.

BY J. L. BUTTERWORTH, M. D.,
White's Creek, Tenn.

Although a condition or disease, recognized by some of our oldest writers, and many modern authors, it is by no means common, but on the contrary a very rare disease, one which is not met with more than a few times in the lives of most obstetricians and surgeons. Many a grey-haired veteran in the profession has passed to his final reward never having seen a case. Even men with large experiences, many of our ablest obstetricians and surgeons, have never seen such a disease. The disease, according to statistics, occurs about once in sixteen hundred or two thousand cases. Hence we are not surprised that only a few members of the medical profession, comparatively speaking, ever met with it. I have repeatedly asked professional brothers, some whose locks are white from the frosts of many winters, if they ever had a case come under their observation, or knew of a case. Invariably their answer is, No. I submitted the question to one of my professors in medicine, a man of large experience, and who is now past the meridian of life, a man recognized as a leader in his profession in the South, whose answer was, "I believe I saw one once."

Authorities report but few cases. Some works on obstetrics merely refer to it as a cause of difficult labor. Others do not even refer to it at all. Some physicians look upon the disease, as laid down by authors, as a myth, because they themselves have never seen a case. I have my doubts whether some authors ever saw a case themselves. I am inclined to believe, from reports of Bryant at Guy's Hospital, Dr. James Morton of Glasgow, Dr. Wilson and others, that many cases on record pass into this condition after birth, but in treating of the disease I only speak of cases who are born with the disease, which causes, of course, difficult parturition, and where an early diagnosis is of the greatest importance to all concerned.

As to the pathology I have but little to say. Hydrocephalus, as its name implies, is water in the brain or in cranial cavity; consequently we might, with propriety, call it dropsy of brain, because it is nothing more or less. Spina, a spine, and bifida or hydrorrhachis—outpouring of serum—which, when sifted down, merely means another name for the same trouble. Spina bifida is also called hernia.

As to the causes which bring about this trouble, I am at sea. Most authors claim a syphilitic origin. Many causes might be ascribed, but in my opinion it is merely scientific guess-work, as good as any when you guess right, and I leave you to do some of the guess-work yourself. I would assign a few causes, which in my opinion can and does sometimes cause the disease:

1. I would think that impoverishment of mother's blood from any cause whatever might cause the disease.

2. Maternal impression, especially in a nervous female, might prove an important factor.

3. Last, but not least, I would think tuberculous parents might sometimes beget hydrocephalus children. Indeed, there are many similar symptoms in the two disorders in infants. Take, for instance, an infant from tuberculous parents, and who itself is affected with tuberculosis of bowels or kidneys, and you will find a striking resemblance to the bowel and kidney disturbance in hydrocephalus with spina bifida, and which diarrheal trouble, if checked, your child will grow worse at an alarming rate.

First, hydrocephalus, with or without spina bifida, proves an elephant on your hands when met with in obstetric practice. First, because the head is usually abnormally large, which makes its passage through a normal pelvis a very slow and tedious undertaking, and usually an impossible feat when left to Nature alone. Second, pains, no matter how severe and long, have but little effect, though no authority that I have yet seen has given any reason for this; but my own opinion is that the sutures being open to, say from one-half inch in some cases to an inch or more in others, allows the brain and water, or fluid in cranial cavity during each pain to force them farther apart during the pain, and

as they close when pressure is relieved between pains, the head thereby being smaller, recedes, and does not wedge itself into pelvis sufficient to hold what it had gained, as where the sutures are closed, or where no fluid is present to distend. While this is true in nearly all cases, I can not follow the line of procedure laid down by authors, and sacrifice the life of child, regardless, but on the other hand I think it prudent and right to make every attempt in our power to save mother and infant.

Authorities, however, without an exception, I think, say that the life of such a child should not be entertained at all; but were I to take the life of such an infant, before trying all means by which mother and child might both be saved, I would consider that I had committed a most foul and uncalled for murder.

Science has placed in our hands a means by which we may deliver our women of hydrocephalic children that may live but a few hours, but, on the other hand, may live to be grown-up males or females. Whether they live one hour or three score and ten years matters but little when we consider that we have succeeded in bringing them into this world without being guilty in our own hearts and minds of murder. With chloroform, the proper number of assistants, and a good pair of obstetric forceps (Elliot's I prefer) we can, in most instances, bring to the world a living child without more harm to mother than is usually done with craniotomy forceps or other procedure. In fact, where craniotomy is performed, except by a very few skilled surgeons, many wounds are inflicted on soft parts of the mother, and never have I seen so many, nor so bad lacerations, occur from the use of forceps in the hands of the most unskilled as from the use of craniotomy instruments in the hands of successful operators. In rare instances, or where the child is dead, I should not hesitate performing a craniotomy, but I can not recommend it in preference to other means, when they may be more proper.

I have had a great deal of experience in obstetric practice since I commenced practicing medicine, in 1888, and my experience has led me to believe that there are many noted physicians, who, if the welfare of their patrons were considered, would never attend a "granny case." I have treated many women with lacerations of cervix and perineum, and getting the full history of these cases, find that some noted doctor was with them in their confinement when these injuries were received. Many noted doctors do not hesitate to forcibly dilate and deliver a woman in the shortest time possible, which usually is less time than Nature consumes in the first stage. If it had been intended for a woman to go through the entire ordeal in one hour, I feel sure our all-wise Father would have provided them with a uterus opening and closing with a draw-string. Then we would simply have to untie, empty the organ of contents and retie again. Mr. Editor and brethren, I know doctors who never saw any but forcep cases. For, verily, they say to Nature "Stand aside," while they take their instruments and deliver as quickly as possible, regardless of consequence, and many a poor woman suffers the remainder of her life. Brethren, do not be too hasty, but regard Nature, for time is never so precious that we can not wait an hour or so, or longer if it be for the best.

I will report a case coming under my care in December, which may be of interest to some lone country brother, who may sometimes feel forsaken, as I frequently do.

On December 15, 1899, was called at two o'clock A. M., to Mrs. M., primipara, aged twenty-two years. Slender and very delicate, height about five feet six inches, weight one hundred pounds, brunette. Had been in bad health since she became pregnant. Asthmatic, and suffered much from neuralgic and stomach troubles, membranes had ruptured half hour before my arrival, and at two o'clock was having true labor pains, and very severe, os well dilated, head in right oblique diameter, forehead backward, noticed nothing unusual, and thought all was well. At three o'clock I became suspicious that something was wrong. Examined again, found nothing but soft tumor, which filled entire pelvic cavity, or seemed so

to me. Could not make out any bone at all, and could not pass my finger beyond tumor far enough to touch cranial bones. Pains very hard now, and having no effect. I at once (and for first time) realized what I had to deal with. Knowing I could get no medical help within two hours, I informed my assistants (two old ladies) that I would be compelled to deliver with forceps. They thought this meant death to mother. Husband left at once, did not want to see his wife killed. I chloroformed the patient, and assumed all responsibility, applied forceps, and delivered in about fifteen minutes. To the surprise of the ladies as well as myself, had a female child, with head measuring eight inches. Occipito-mental diameter, a tumor three and one-half inches in diameter, on spine, directly opposite umbilicus. The mother, a primipara, and of slight build, came through without the slightest laceration, and in the usual time (ten days) was up and about her room, and has been well ever since. I also had the gratification of a living infant, weighing nine pounds, of which I hoped to have a photograph taken, but the parents refusing me, I will be compelled to describe as best I can. Child's head measured, occipito-mental diameter, eight inches. The sutures all more or less open. The sagittal about three-quarter inch, lambdoidal, some near one and one-half inches. The coronal about three-quarters or one inch, biparietal diameter four inches, bitemporal diameter three and one-half inches occipito-frontal seven and one-half inches. Directly opposite umbilicus, upon spine, there was a tumor three and one-half inches in diameter, cup-shaped, its center being raised, perhaps, one and one-half inches above spine. Directly in center is a spot the size of a ten cent piece, which looks very much like a drop of blood, but upon close examination it is only a membrane intersected by hundreds of blood-vessels, underneath which is a substance resembling, closely, brain matter; encircling this is a thick transparent membrane extending from central red membrane to the true skin. Underneath this is a clear, watery fluid, and to look at this tumor some two yards off it is not unlike the bleb from a fly blister, upon the center of which has been dropped a large drop of blood. Child's face is small, or rather has appearance of being small. Eyes turn upward, the lids, especially the lower, have a swollen appearance. seems to be perfect in body and limb outside of tumor; spasms came on in an hour after birth, having three or four during first twenty-four hours, but readily yielded to potassium bromide. Diarrhea from first day of life; kidneys act frequently and copiously, either of which, if checked, place the life of the child in eminent danger of death in a very few hours, these being Nature's channels through which she attempts to drain the system of this surplus material —and her effort is a grand one, and one we may well try to imitate. So long as these channels are kept open our child does well, gaining in flesh, and in every way doing well. But if Nature becomes tired or her avenues become clogged, then our patient changes rapidly for the worse; it is then our interference becomes justifiable, and the modes of treatment are many and varied, and none seem to be very successful. There is one line of treatment, however, that is only worthy of condemnation. That is the bandaging of the head. This treatment is open to many objections, for it can not, or if it should cure the patient, would leave it an idiot or imbecile for life.

But let us consider it in detail: First, we have an abnormal condition, a liquid in the brain, and by force of necessity making the cranial bones, the brain's natural protector, its greatest injurer, by forcing the brain in all directions forcibly against the cranial bones. Nature makes a wise and grand effort, still, to protect the brain by allowing the bones to expand to such an extent as not to greatly damage the brain structure, without which man is a mere brute. Then suppose we apply a bandage as directed by authors. Then we say to Nature: "Thus far shalt thou go and no farther," and it is at the expense of brain alone, and in a short time we have a brain flattened as a board, and one which is forever unsound, and is of no benefit, but a curse. But will it cure?

I say no. It can accomplish but one end, and that is, it checks the expansive efforts of Nature.

My treatment is not what I would have it be, but if I do no good I can do no harm to my patient. The infant above referred to I treated as follows: I placed a piece of iodized gauze, smeared with vaseline and boric acid to tumor, covering this with a piece of absorbent cotton, long enough to encircle entire body, by four inches wide, covering tumor and umbilicus. Then a bandage to confine same, and ordered changed twice a day until cord dropped off. After this, about fifth day, ordered iodized gauze, smeared with vaseline and iodine, which favors absorption, and continued about ten days, when nurse gave child paregoric for crying, and checked bowels, when child went into spasms, and tumor commenced enlarging. Then I aspirated and drew off three ounces of a watery liquid, also using laxatives to keep bowels open. Did nicely for three weeks, when tumor again filled, and again aspirated, and is now doing nicely, though death will shortly take this child, and, as all will agree, it will be better off by far.

[Written for the MEDICAL BRIEF.]

Alcoholic Poisoning.

BY E. E. PHILLIPS, M. D.,
Oklahoma City, O. T.

I have been a reader of the MEDICAL BRIEF for twenty-two years and still one of the fold.

Having just read in BRIEF a few lines by our Dr. Tompkins, calling attention to apomorphia in cases of acute alcoholic delirium, I give case that came under my care of recent date.

On March 1, 1900, while at work on a new residence in our city, two men, plasterers by trade, were employed on building, and there being a bottle of wood alcohol in the building, used as wood filling, the two "gents" taking same for alcohol of drinkable quality, took three or four drinks from the bottle. The third day after drinking the wood alcohol, one of the men wandered off for a couple of miles and died by the wayside; the other man remained in city and called in Dr. Dean.

On the fourth day I was called in consultation. Found patient with labored breathing, pulse about sixty-eight, temperature 87° F. Very restless and most of the time in comatose condition, but when aroused would talk some and express himself as feeling very well. Pupils dilated and suppression of urine. Suggested to Dr. D. to draw off urine, as he had not passed water in twelve or fourteen hours. Then we gave him digitalis and nitroglycerine, which seemed to cause him to labor harder for breath for a short time, but soon recovered from same. Next we gave a hypodermic, one-sixth grain of apomorphia. In a few minutes he vomited well. After that, for the next four hours, the patient seemed to be failing.

About seven P. M. Dr. D. telephoned me that the patient was sinking, lower extremities were cold and he did not think the patient would live until midnight. I replied, through phone, to give him hypodermic injections of strychnia, and he asked, through phone, if one-fiftieth grain would be about the amount to give him. I replied to give him one-thirtieth grain hypodermically, at once, and in an hour after giving the strychnia the patient expressed himself as feeling better and believed he would get well. To-day, four days since I saw him, Dr. Dean tells me he is eating and will be out in a couple of days.

The interesting point regarding this case is, that he had drank the poison three days before calling in a physician, and the remarkable recovery in such a short time. This is the only case of wood alcohol poisoning I have heard of that recovered. Would like the antidote to wood alcohol from those that have had experience in such cases.

Relaxed Uterine System.

Dr. G. A. Smith, Henton, Ill., says: In troubles dependent upon a relaxed condition of the generative organs, and needing a remedy that will give tonicity to them, Aletris Cordial is just the remedy.

[Written for the MEDICAL BRIEF.]

Deteriorating Influences on the Health of Men and its Effect on the Race in General.

BY E. E. TRUITT, M. D.,
Maquon, Ill.

In a past number of the BRIEF we gave a brief dissertation on the above subject in relation to woman. In closing that article we promised to give at some future time an article on the same subject in relation to man, which we shall, in our own method of thinking, endeavor to do.

It would fall far short of justice and propriety to attribute all hereditary degenerating influences to the female sex.

There is one paramount evil, or practice, common to both sexes, that we did not mention in our writing before, and that is masturbation, or onanism. The latter term being derived from Onan, one of the brothers of a family whom the Lord commanded to take unto himself a wife. He disobeyed, and spilled his semen on the ground; wherefore the Lord was displeased and slew him. It is in the above passage of Holy Writ that we are advised of unnatural sexual indulgence being a spiritual sin, and it is in the great deteriorating influence such a practice has on the mental and physical health of both sexes, that we are advised of its being a physical sin, or, in other words, a violation of the physiological laws that govern the health of body and mind.

The practice alluded to may be classed as of two kinds, that wholly unnatural, as excitation of the genital organs with the hands, and without a consort, and that partly natural, as sexual indulgence with a consort, but in a perverted way, such as withdrawing before seminal emission takes place, the use of condoms, etc. As to the evil influences on the health of the parties concerned, there is but little difference in our opinion. But we are inclined to believe that the perverted sexual intercourse is more health-destroying to the nervous system and bodily and mental functions, than the wholly unnatural indulgence.

In the latter practice the nervous system is wrought up to a high pitch of excitement on expectation of the orgasm. When the virile member is suddenly withdrawn, and the expectation of the nervous system defeated, and the explosion of the nervous system, instead of passing off naturally, is, in a manner, suppressed, and great injury done the body and mind of both parties entering into the act of cohabitation. The orgasm is the moderatory of the great nervous tension incident to sexual intercourse, and should not be interrupted in any manner.

The practice of masturbation is common to both sexes, and is learned by both sexes at quite an early period in life. The earlier it is commenced, the more ruinous it is to the party's health. It would be a rare thing to find a boy or girl, especially a boy, at the age of sixteen, that had not practiced masturbation. We have heard of nurses titillating the genital organs of children in their care. Surely such a nurse would not be a safe guardian of children.

The means of masturbating in the male is generally the hands. In the female, it may be more commonly some instrument that simulates the virile organ of the male. We learned once of a grown lady in a delicate state of health, whose physician told her relatives to watch and ascertain if they could catch her at bad habits. On watching her they discovered that she was in the habit of masturbating by means of wax candles. She was reprimanded by her physician and her health soon improved.

It is not necessary that we should dwell on this subject in detail longer, but it is needed that we should dwell on the fact that parents and guardians should admonish the young of both sexes of the great evils of self-abuse, and its deteriorating influence on their health, and the race in general. Many a girl and boy might have been saved from being a physical wreck and imbecile by a timely word to them on this evil. It may be too late to admonish them by thrusting some quack's marriage guide before them, or hinting at them, when their once bright eye, now leaden, fails to meet yours when you look at them, or when their memory, once acute, is now dull, or when their

steps, once elastic, are now faltering, or their cheeks, once rosy and full, are now pale and sunken, or when they shall have grown up, married, and had children, and their offspring are physically and mentally dwarfed, predisposed to consumption, scrofula, and a host of other diseases, I will say that it is necessary for me to dwell upon this part of my subject in detail.

Look at your insane asylums, the jails and the prisons! Who are they filled with? The victims of early indiscretion. Self-abuse blights the moral faculties, depraves mentally, morally, and physically in both sexes.

It can not be denied that the waste of a fluid so highly vitalized, that contains the germ for a new being, as the semen—its excessive waste will produce serious results, and that so excessive excitement as that attendant on an unnatural excitation of the genital organs, will produce disease.

Now a word in regard to sexual excesses, and we leave this part of our subject. Excessive indulgence produces results in both male and female quite similar to masturbation, and ofttimes a sexual frigidity, or disgust for each in sexual intercourse; more so, we believe, with the female than the male, is this the case. It is only the semen that has been retained in the seminal vesicles for a considerable length of time that is potent. Likewise, after the first emission of semen, a male will seldom impregnate unless a considerable time has elapsed since the last emission. It is very evident to my mind that a parent that has been exhausted by sexual excesses, will not beget as vigorous offspring as one that is temperate in sexual matters; and we will put this down as a very prominent degenerating influence on the race in general. Besides, the hereditary tendency of such offspring will be sexual perversion, and a predominance of the animal instincts. Or, in other words, a tendency to physical dwarfs, and mental imbeciles. Show me a person that is temperate in sexual matters and I will show you one that has a good mental, moral and physical being. Show me a person that is not temperate in sexual matters and I will, nine times out of ten, show you a person that is not well balanced in mind, is not moral, not good in the home, and not a good citizen.

We have not the space to consider this phase of the question further.

Next we desire to take up the degenerating influence of alcoholic liquors on man and the race in general. From an American standpoint, woman may be left out of this question, as a very small per cent of our American women use alcoholic liquors. In this brief article we can not do this part of our subject justice.

From the earliest history of man, some form of alcoholic beverage has been made and drank.

We are informed that Noah, on leaving the Ark, planted a vineyard, made wine, and became intoxicated. Frequent allusion is made in both the old and new testaments to vinous and fermented liquors. In fact, so long and so general has been the use of alcoholic stimulants that some authors have claimed that a desire for them is natural. We do not believe that a healthy system either requires or craves a stimulant, but space forbids an argument of my side of the question.

The immediate effect of alcoholic stimulants is to cause an irritation and consequent exhalation of all of the functions of the body and mind, which is, according to physiology, followed by a corresponding depression.

The first effect on the stomach is to induce an undue amount of blood to the mucous lining, which causes an increased secretion of gastric juices, and a ravenous appetite, which may cause more food to be taken than is needed, and more than can be properly digested and assimilated. It may ferment and generate butyric and lactic acids, and cause some eructations and be attended with all the concomitants of indigestion. These by-products of indigestion absorb into the blood, causing rheumatism, irritation of the kidneys, liver, etc. The remote effects of alcohol on the tissues of the stomach is to produce hardening of the cells, and an increase of connective tissue, until its digestive power is destroyed, and is in a state of atony and chronic gastritis. A similar sclerosis of the cells of the liver and tissues of

other organs of the body takes place, the most disastrous result being on the nervous system. It lays the foundation for epilepsy, insanity, locomotor ataxia, and hosts of other diseases.

When a person in such a condition as just depicted, marries and brings forth progeny, is it any wonder that they may be physically deformed, mentally weak, and morally deficient? Is it any wonder that they are predisposed to alcoholism, tuberculosis, epilepsy, insanity, and a host of disorders too numerous to mention here? I say no. Surely, as I have intimated before, the sins of parents are visited upon their children to the fourth and fifth generations.

The above remarks are as well applicable to the use of narcotics, such as morphia, cocaine, etc., the use of which is said to be growing to an alarming extent. As a word of caution, I would say, physicians be cautious in prescribing alcohol and narcotics to your patients. Do not place them in the hands of patients for temporary relief in chronic diseases, lest they form a habit for which you reasonably would be responsible. It surprised me very much lately, when a good, respected citizen told me he kept a hypodermic syringe to inject morphia for relief of asthma, and I informed him to be careful not to form the morphine habit.

We, as physicians, are keepers of the physical, mental, and moral status of the future generations of the human race. It lays within our province to know the degenerating influences on the race in general, and to point them out, and how to avoid them. When we have done this, and not until then, have we wholly done our duty to our fellow men.

If Darwin is right, man has done well. If man was created in the first place a perfect being, he has done badly, and degenerated.

Kind reader, I have not done this subject justice, but as articles are limited to so many words, will have to close, or displease the Editor, and be consigned to the waste-basket.

In this essay we have referred to the Bible, the avoidable causes of disease, and Ryan's Philosophy of Marriage.

[Written for the MEDICAL BRIEF.]

Croup.

BY S. SCRUGGS, M. D.,
Hastings, Neb.

In the March BRIEF, Dr. Shore requests physicians to outline a treatment for croup for the benefit of himself and others. I think every physician who reads the request, and has had any success in the management of cases, should at once comply with this request, so that all who wish can give their treatment, or any part of it of which they approve, a trial. I know there are a great many who need and will appreciate something they have never tried, and who will be willing to try most anything offered, because, really, very few cases of genuine croup, as they commonly occur in ordinary practice, recover. I know that, occasionally, we meet with a doctor who says he never loses a case—if he sees it in time. Now, I would be willing to risk a good big stake, if we had any way to get at the truth, that a doctor of that kind never did save a case. He may think he tells the truth, but if he does, it is good evidence that he does not know what genuine croup is. All the cases said to have been cured by him were really not membranous croup at all and might have been relieved by a much simpler and less harmful treatment than he gave them.

I shall not say anything about the nature or cause of croup. I always leave such questions with the professors. They teach now, I think, that croup is diphtheria, but they will have to put up better proof than I have yet seen before I will believe it. The best argument they have is, that they can not make anything else out of it. I know very well that when diphtheria invades the air passages, we have the same symptoms that are manifested in croup, and so far as my observation extends, such cases are invariably fatal. But these similar symptoms are produced by obstruction of the air passages by false membrane, but that fact is no evidence that the membranes are of the same nature. Speaking of the fatality of this form of diphtheria reminds me

of a case I had a long time ago, back in God's country, among the Colonels, sir, where they have two governors in one State, etc., that I thought I was going to pull through, and I told the father that if the little fellow lived till the next morning I thought the prospects first-rate. He was to let me hear from the case next day, but as he did not appear I supposed the child had died, but I learned afterwards that he had sent for one of the "never fail doctors," who, after he had puked and purged the life out of the little innocent, told the family that if they had only sent for him a day sooner he could have brought him out all right.

But leaving all scientific questions pertaining to this disease with the professors, and hoping that they may finally learn enough to agree among themselves, I shall proceed to give a line of treatment that I have used for several years, and under which I have had about a half-dozen cases recover. Of these cases, one was two years old, two between four and five, two between six and seven, and one nearly nine. The older cases appeared to yield more readily to treatment. The plan pursued I have picked up and put together from suggestions obtained from the BRIEF at different times, but by whom, or when written, I am not able to say.

First, when called to see a case of genuine croup, I refrain from doing what most doctors do, that is giving an emetic. Next, I do not give mercury in any form or quantity, but, as indicated, a full dose of Bromidia or Peacock's Bromides, and then proceed at once to arrange a bed, cradle or couch, so that the patient can be kept as quiet as possible. A framework should then be constructed over the resting place, and over that quilts or blankets adjusted so as to form a complete covering for the patient. Inside of this structure I place a pan or bucket containing unslaked lime, and to this add water as necessary, to cause a regular column of steam to rise as close as convenient, and at the same time not annoying to the breathing apparatus of the patient. I instruct the nurse to watch this closely, and be sure that at all times the air inside the covers is saturated with steam from the lime. This treatment I have continued until the membrane is broken up and discharged, or it is thought necessary to institute surgical interference. At the same time I keep the patient fully under the influence of the bromides, and thus, I think, prevent any great nervous disturbance. The dress of the patient should be light, loose and clean, and, if necessary, a mild purgative may be given at any time to keep the bowels in good soluble condition. The diet should be mostly fluid, and nourishing, suited to the taste of the patient, and water given freely.

I hope this concise statement is sufficiently plain to give a proper understanding of the medical treatment I have given the few cases which have recovered under my observation, and I also hope that it may prove as successful in other hands as it has in mine. Another thing I will add is that very often a doctor's cases of croup are so few and far between that sometimes when called to see a case he does not realize its gravity until it is too late to treat it successfully. Therefore, he should always be ready and on his guard, and when in doubt take the safer course. He will feel mighty good when he knows, or thinks he knows, that he has cured a case of genuine membranous croup, while some other doctor says it is incurable. I know a doctor over in Illinois who has the largest practice of any man in the county in which he lives, and he has told me frequently that he never saw a case get well, and hoped he would never have another case to attend to. I think the trouble with him is the same as with many others—he does not try to get out of the old rut.

Hepatic Stimulant.

Dr. J. W. Sullins, Verona, Mo., says Chionia is a great hepatic stimulant. In constipation I have used it with much success. Formerly I combined Chionia with cascara sagrada, but now I use Chionia and Seng.

SEND in your subscriptions. Say what month to begin.

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Editorial.

Strychnine.

Strychnine is a remedy of such value and such widespread application, the physician can hardly know too much about it. Strychnia is a powerful agent and depends, for its therapeutic effects, upon the intelligence with which it is given. Patients vary much in the amount of strychnine required to produce the desired effect, and the Doctor may do more harm than good unless he is perfectly familiar with the drug, and watches carefully for signs of poisoning.

Strychnine acts in smaller dose and quicker where there is a relaxed state of the system. A clean tongue and active secretions call for small doses. Stout, phlegmatic persons can take larger doses than the lean, wiry, nervous man.

Strychnine acts principally upon the nervous and muscular structures. It stimulates all the special senses and exalts the entire sensory area of the spinal column. Consequently when a person is well strychninized, he is in a highly nervous condition. Loud speaking, the noisy closing of a door, send shudders through his frame. He is disproportionately irritable on slight provocation. These symptoms are followed by muscular stiffness or slight twitchings, and it is time to stop.

When the Doctor is giving strychnine for the relief of paralysis, it is to the *paralyzed member* he should look for objective indications that the patient has had enough.

Strychnine is a most admirable remedy to control many forms of neurosis, both sensory and motor. It is useful in convalescence, in childhood and old age. Used in the first stage, it will abort many diseases. It is an excellent summer remedy. In small, repeated doses will cure colds and relieve neurotic diarrheal maladies where opiates and astringents fail. But know what you are doing. Do not let the convulsive action of strychnine develop beyond your control. Decide when you have gotten the therapeutic effect and stop. Strychnia is cumulative, and sometimes symptoms of poisoning develop unexpectedly unless the Doctor is on his guard.

Medication.

Unless a doctor understands the indications for remedies and the principles of dosage, he can not practice medicine with any degree of accuracy and precision.

The right dose depends upon the strength and quality of the medicine, the age, sex, temperament, weight, etc., of the individual patient. Small and large doses of the same drug sometimes produce exactly opposite effects. The same dose will produce different effects

in two persons. The same dose will produce different effects in the same person at different times, owing to varying constitutional states, different climatic, seasonal and atmospheric influences. For instance, nerve stimulants do not act well if the tongue is coated. Start up the secretions and then your nerve tonic will take hold promptly.

In the mental temperament, the bright physician soon learns to give small doses, to use sedative medication, and to direct the battery of his treatment to the abdominal viscera. Where the lungs are weak he tries to strengthen the skin and kidneys; where the sexual organs are irritable, he stimulates the brain functions; and in the lymphatic, he works on the heart and circulatory system.

It requires delicate discrimination to discern the exact indications and approximate the dose, but careful observation and constant experimentation with pure and standard remedies draw out certain general principles, developing a professional instinct, which practice renders well nigh infallible.

The doctor gradually learns that certain remedies are winter or summer remedies; that others are practically useless except in spring and fall. When a rainy spell comes on, he knows he will need rheumatic remedies, heart tonics and kidney medicines. He expects March to bring him sore eyes, neuralgia, grip, earache and sore throat, just as he looks for chills and fevers, diarrheas and dysentery in the autumn.

One patient's bowel trouble is cured by arsenic or strychnine, another by carbolic acid and iodine, a third by bismuth and opium. To one patient he gives one one-hundredth grain strychnine twice daily, and the dose is ample. To another one-thirtieth grain three times daily fills the bill. To a patient with active circulation he gives small doses, frequently repeated, but he knows that the bulky, torpid system will require large doses at greater intervals. Drugs rendered potent by purification and refinement in process of manufacture, act quicker, make a greater impression, cause less friction and must be given in smaller doses than commercial drugs.

The importance of correct principles of medication can not be overestimated. Ponder these things, doctor, and work them out in practice. It will throw a great deal of light on the treatment of disease, and add greatly to the interest and charm of your work.

Transitory Insanity.

Most people have an idea that insanity is a peculiar mental state, having arbitrary, clearly-defined boundaries. This is a mistake. The majority of people suffer from transitory insanity, at which times they say and do many foolish things, some of which are irreparable.

If the profession would teach people the nature and causes of transitory insanity, a great deal of unnecessary suffering, many foolish and wicked acts would be avoided. Temporary insanity weakens mental stamina and puts a false light on things. It makes the individual emotional and morbid. It creates suspicion, jealously, envy, pessimism. It calls up hard thoughts of relatives and associates. Under its spell a man does not know who are his friends. He antagonizes those whose good-will is essential to him, becomes a plaything and a catspaw in the hands of his enemies.

Transitory insanity is a mood, the result of exhaustion, some vital depression, atmospheric influences, sudden shock, reflex nervous irritation or other abnormal physical condition. Fecal impaction, rectal or sexual disease can induce it, so can a torpid liver or crippled kidney by filling the blood with poisons. Abnormal conditions of circulation in the brain, impoverished blood, the habit of brooding, a narrow, monotonous circle of interests and sympathies, a life made up wholly of sordid and materialistic cares, all these are factors in the production of transitory insanity. Also menstruation and the menopause.

But if the individual fully understood that his mental state was temporary, abnormal and curable, instead of acting on it, flying to suicide for relief, killing his man, drowning care in drink or morphia, destroying the happiness of his home, throwing up a good situation,

breaking up an old friendship, neglecting his duties, etc., he would strive for self-control and consult a physician to help him find the cause of his mental alienation.

There is something wrong with a man or woman when the world suddenly changes its face to him or to her; when life loses its zest and becomes an intolerable burden; when he or she hates the happy, envies the healthy and regards the prosperous as enemies and oppressers.

But convince men that the change is in them, that they are suffering from a sort of moral obliquity due to failing health, that it is remediable, that they must distrust the morbid thoughts and impulses generated by such mental states, abide by established principles, and cling desperately to self-control, and we shall blot out many obscure crimes, illogical and incomprehensible actions.

All men are cast down at times, are stricken in faith and energy, know desperation, defiance, anarchy and chaos, but the wise ones know, too, that all things pass away, that no evil is absolutely irremediable, that life and hope are twins, so they suffer and struggle in silence. The complaining and reckless ones, hearing no moan and seeing no blow, call them hard and unfeeling. Not so. They have simply transmuted their suffering and endurance into courage and pride, qualities which enable them to stand up straight and move on in the path of duty.

Let us remove the physical causes of transitory insanity, and teach our patients how to control and manage this unhappy mental state by moral fortitude.

Scutellaria.

Doctors rely too much on remedies which produce immediate results without stopping to consider the consequences. When Nature wishes to cause lasting effects she operates through gradual and mild processes. Convulsive efforts, sudden, sweeping changes are always followed by equal reaction. Patients can not be lifted out of a slough of disease by the conjurer's wand. Any medicine which appears to do this does more real harm than good, for the improvement is only apparent and vitality is constantly ebbing.

The *materia medica* contains a number of remedies—nervines—which act slowly, requiring patience and persistence to obtain their good effects. But they cure the patient and he forms no dangerous habit. His nervous system is not alternately stimulated, then deadened, until vitality is exhausted. His improvement, though slow, is progressive from the initial dose.

Scutellaria is such a remedy. It acts directly upon the nerve centers, controlling irritability. Under its influence the patient gradually becomes calm, composed, clear headed. It does not paralyze the higher centers, making patients stupid, indifferent, or reckless, as morphia and alcohol do. It probably acts largely through its influence over the circulation, preventing congestion of nerve centers, and is of the greatest benefit given in conjunction with bromides.

In chorea, convulsions, hysteria, melancholia, mania, and simple nervousness, scutellaria is simply invaluable. Physicians who will obtain a good preparation of this drug, and experiment with it, will find themselves in a position to dispense with morphia except in emergencies. A good tincture, or fluid extract, made from the freshly gathered herb, or scutellarin, in one to five grain doses, may be employed.

Cinchona.

No Doctor can practice medicine to the best advantage upon a narrow and exclusive system of therapeutics. Each school of medicine has gleaned useful knowledge in the course of experience. Each system of therapeutics is in possession of valuable truths. Each has peculiar advantages, special indications and positive limitations. Remedies employed by these different schools do not conflict, because they differ in properties and indications.

One man will claim that all the virtue of a drug resides in the active principle or alkaloid; another declares that the crude drug alone contains its real medicinal properties. Both are right. The

crude drug and the alkaloid have different indications and can not be successfully exchanged.

Take cinchona—Peruvian bark—for example. A tincture, or infusion of this bark, is the finest, all-round tonic in the *materia medica*, but its antiperiodic powers are feeble. On the other hand, quinine—the alkaloid of cinchona—is a powerful antiperiodic, but an inferior tonic.

Opium is another illustration of the variance between alkaloids and the crude drug. The combination of tinctures, opium, and ipecac is a much better diaphoretic than morphia and ipecac, although morphia acts more quickly as a pain-relieving agent. Apomorphia is another derivative of opium, having a distinctive field of its own, widely different from both morphia and opium.

Nux vomica and strychnia can not be used interchangeably without a loss of some of the subtlest properties of the drug. Tincture of nux vomica gives most satisfaction in atonic conditions of the digestive organs, while strychnine exerts its influence upon respiration and the cerebro-spinal system generally.

Aletris is the best remedy known in the treatment of female troubles, but aletrin has proved disappointing. Neither does gelsemine give the prompt and decided effects produced by a good tincture of gelsemium.

These illustrations could be multiplied many times, but the above are sufficient to show the folly of exclusive systems. The alkaloids are good in their particular field, but so are the crude tinctures of Lloyd Brothers, the ethpharmal, proprietary specialties, the triturates of the homeopaths, etc. Each has some special field in which it acts best. The Doctor should acquaint himself with these precise indications, and restrict the use of his agents accordingly.

In this way he will get all there is to be had from the drug therapy. His knowledge will be of a definite, well-organized character upon which he can depend for positive results, and he will be preserved from the narrowness and jealousy fostered by a sectarian spirit.

Salicin.

Salicin is one of the good old remedies which has fallen into disuse for want of study and a definite knowledge of its precise field of action.

As an antiperiodic, salicin can not be compared with quinine. Nevertheless, it has a field of its own in certain conditions characterized by periodicity. Salicin is anti-rheumatic in its action, and cases of rheumatic pain, recurring with greatest intensity at regular periods, are readily cured with this drug, as for instance, the sun-pain, or malarial neuralgia so common in March.

Salicin is less irritant to the stomach than salicylic acid, or the soda salt, and causes less general disturbance. Delicate patients who suffer from uric acid formation and the nervous disturbances which this acid causes—the irritable kidneys, sudden diarrheas, dumb chills, susceptibility to cold and neuralgic pains, etc.—will find in salicin a most useful remedy. Ten to twenty grains may be given four times daily.

The Heart in Childhood.

The doctor sees many cases of nervous, anemic children, who have little appetite, sleep badly, are languid and apathetic without adequate cause. They may be fleshy but they are pale, have dark circles under their eyes, are peevish and fretful if constrained to make an effort. These children make no progress at school, take cold easily, and are a constant source of anxiety. Girls are more apt to fall into this state than boys. Often chorea or chlorosis develops in consequence of it.

In a majority of these cases, iron and the bitter tonics make but a temporary impression, as they do not reach the cause, which is an overworked and exhausted heart.

Growth and development alone place a heavy strain on this organ. Add to this the conditions of civilized life—confinement, excitement, defective hygiene and sanitation, with our exacting system of education, and we find, as the result, a weak and failing heart, becoming daily less able to cope with the demands made on it.

The heart is the mainspring of energy. Without a vigorous, well-regulated heart action all the functions become sluggish. Put the heart in health and the other functions will speedily adapt themselves.

By far the best heart tonic for children is Cactina Pillets, one or two three times daily. It is pleasant to take, never disorders the stomach, is mild and certain in its effects. It may be given in conjunction with the bitter wine of iron, if the blood is impoverished, with small doses of strychnine or ergot where muscular tone is deficient, or with belladonna to lessen the susceptibility to cold. Skin friction is, also, an admirable adjunct measure to give tone to the circulation.

It is surprising how fat, flabby, pasty, dull, yet nervous children will improve under this treatment. Try it, doctor. Tone up their hearts and see how their spirits will rise and their activities increase.

Sulphur.

Many empirical practices are based upon a foundation of sound reasoning but ill-understood, or gradually lost to sight by the passage of time.

The use of sulphur as a domestic remedy in the spring comes down to us from our grandmothers, and its good effects are sufficiently pronounced to make it worth while reviewing the action of the remedy.

Sulphur is a natural constituent of the blood, just as much as iron or phosphorus, and experience has taught us that a deficiency of any of these normal ingredients of the blood tends to cause tissue break-down. Where digestion and assimilation are active, the food varied, the system can obtain its supplies direct from the food, but when the body is enfeebled from any cause, some of these tissue constituents fail to be absorbed in sufficient quantities, and the tissue, or tissues, most in need of this particular element soon show signs of impaired nutrition.

The special indication for the use of sulphur is a peculiar kind of anemia, causing a decolorization of the various structures of the body. There is a peculiar pallor of the skin, and a fading of the eyes and hair—a sort of washed-out look. The urine and feces are light in color, and there is a fetor about all the excretions of the body.

All these indications are frequently present at the beginning of spring. The stimulating influence of winter has spent itself, and a torpor of the system succeeds it. Delicate and susceptible persons present a blanched, withered appearance, are lifeless, and succumb easily to congestions and typhoid states. Sulphur, thoroughly triturated with double its weight of milk and sugar, dispensed in moderate dose, will improve the character of nutrition, and bridge over that trying time which must elapse before the regenerative influences of spring get to work.

Carbolic Acid.

We are constantly in receipt of letters asking how to prepare solutions of carbolic acid for hypodermic use in diphtheria, the dose, etc.

Ten drops of carbolic acid to one pint of distilled water approximates the strength of antitoxin, and is the solution in most general use. Of this solution, a syringeful (sixteen minims) may be injected, and it may be repeated in one or two hours, or less often, as indicated. The dose is so small that, though a powerful drug, no danger need be apprehended from its use.

The first effect of carbolic acid, hypodermically, is on the circulation, acting something like aconite. This is the effect we strive for in diphtheria, and therefore, must use it early. It relieves the congestion of the throat and head before the integrity of the tissues is materially injured. After the tissues are in a semi-gangrenous condition, the chances for a cure are not so good with any remedy.

Carbolic acid, hypodermically, has given such good results in diphtheria, we should give it a thorough test. Of course, it is not the only remedy, and it is not suited to all cases—lymphatic subjects for instance—but it should be thoroughly studied, and its exact place in medication ascertained.

In cases exhibiting large, torpid glands in the neck, try tincture phytolacca.

congestion will not down because torpid glands will not drain. Stimulate them, not only by local applications, but remedies addressed to the lymphatic system. Tincture capsicum by all odds, the best external application.

We want reports from practitioners who use the carbolic acid injections. What you do and learn is buried in the little spot if you do not put it in general circulation. Take half hour off and write up your experience with carbolic acid in diphtheria for the BRIEF. Do your share to confute the monstrous assumptions of German theorists that boiled horse water possesses medicinal properties.

Hats.

The subject of hats is an interesting one to physicians, because they have to wear theirs so much. Baldness, so much more troublesome to men than women, is intimately connected with the subject of hat-wearing. Only soft hats should be worn. Western men who wear soft hats so largely are less troubled with baldness than men who wear the more elegant silk hat or derby. The latter, being hard hats, exercise pressure upon the scalp, preventing free circulation, and thus cut off the nourishment of the hair follicles. A bloodless scalp atrophies and contracts until it becomes adherent to the skull and presents the familiar hard-ball appearance.

A bald-headed man is not only unlucky; he is subject to neuralgias, frequent colds, etc., from which a healthy head of hair would have shielded him.

It is much easier to keep the hair in good condition by a little daily care than to cause a new growth after baldness is well-established. When the hair begins to fall, or to break off easily; when the scalp secretes oil to excess or dandruff becomes noticeable, is the best time to begin treatment.

And what shall you use? Probably more harm than good is done by strong and caustic applications. It is the regular daily use of a mild preparation which tells the tale. A hair tonic, unexcelled for practical results, is made by adding one drachm of quinine to an original fourteen ounce bottle of Listerine. One tablespoonful of this mixture should be rubbed into the roots each morning.

In washing the hair, do not use soaps and alkalies, but beat up an egg, rub well into the scalp, wash out with diluted alcohol, and rinse several times.

The Future of Medicine.

Many of the leading medical men of our day regard the outlook for medicine with a pessimistic eye, and the dissatisfaction of the public with the practical results of the art, is becoming acute and outspoken.

The trouble is that a majority of physicians depend upon routine in practice instead of intense, personal study of disease and drug indications. To practice medicine scientifically, the Doctor must be rooted and grounded in anatomy and physiology. He can not possibly understand pathology and morbid anatomy unless he knows what the normal conditions are. The anatomy and physiology of the nervous and circulatory systems are of especial importance.

When a physician knows that healthy eyes, for instance, are lustrous but not glassy, that the sclerotic is of a pearly or bluish hue, neither blood-shot or tinged yellow, the pupils of even size and normally responsive to light and accommodation, secretion free enough to keep them well-washed, but not overflowing on the cheek, or glutinous, the movement of the eye free, not like that of a hunted animal, nor the fixed stare of a fanatic, then that Doctor will not dispose summarily of a case of chronic congestion of the eyes, with enlarged, tortuous vessels and periodic attacks of intense pain and impaired sight, by telling the patient that the condition was natural to him, that he must summon up his fortitude to bear it, and that he ought to give up his work as a writer, because it increased the trouble.

This is no imaginary case. The advice was given to a man whose ambition and bread and butter are locked up in his work. He knew, as well as the

physician, that the condition was constitutional, but we are all born with heredity defects, and acquire others through conditions made necessitous by imperfect civilization; but what is the medical profession for but to ameliorate these same hard conditions by relieving us of their results?

The advice of this specialist was an admission of his ignorance, want of heart, and general unprogressive character. It was his business to find ways and means to relieve the sluggish circulation in this man's brain and eyes. It was his business to tone up the blood-vessels, improve the character of the blood, to find a way to cure, or at least palliate and make tolerable his suffering. When a physician can find no other answer than the above to the plea of a suffering individual for relief, honesty should compel him to go out and take down his sign.

But if that Doctor had been thoroughly familiar with the human body in health and disease, as well as the special organ he claimed to treat, knew the close sympathy between its related parts, the constitutional and local effects of such drugs as belladonna, ergot, bromides, quinine, strychnine, nitro-glycerine, potassium iodide, jaborandi, etc., in their relation to ocular therapeutics, the use of styptic and anodyne washes, the use of hot and cold applications, ocular massage, electricity and other adjuncts of treatment, he would not have found it necessary to injure his own reputation and hurt the profession, by sending away a patient laboring under the impression that "Doctors live upon the ignorance and profit by the suffering of mankind." When a patient pays five dollars for a pessimistic opinion, and gets no relief, he is apt to become bitter and say cynical things, and the fault is ours.

It is not enough to be learned, look pompous and act in a patronizing manner. We have got to work, to give an honest *quid pro quo*, to earn what we get by honest and effectual service. We must read widely, but discriminatingly; investigate fairly; think logically; experiment continually; come to know the human body in health and disease as the priest knows his Bible; study drug properties and indications diligently; exercise constant vigilance to see that our drugs are pure and genuine. Constant work along these lines will enable the physician to confidently promise a measure of relief, at least, to all his patients, and to feel that corresponding thrill of pride and ambition which attends successful effort.

The Ethical Pretender.

When a certain type of man wants to compel a class to adopt his opinions on a subject, he is apt to insist upon their ethical superiority. It does not follow that this superiority is actual. In fact, persistent harping on the ethics of a matter is suspicious. Those who have something of positive value to offer their fellowmen, address themselves to common sense. It is only when an argument is weak in logic, or lacking in practical worth, that it is necessary to drag in the better-than-thou sentiment to conceal its emptiness.

All this is *apropos* of the ethical pretenders, who now and then raise a hue and cry, deploring the enormous and constantly increasing use of ethpharmal, proprietary remedies.

Now this is folly of the asinine sort. These remedies are made for physicians' prescriptions, and advertised only in medical journals. They are manufactured by men of large experience and great facilities, who stake name and business success upon the worth of their products. Common sense, the business experience of the world, tells us the manufacturer can not afford to let the character of his products deteriorate. But neither can he afford to publish his working formula or reveal his processes. If he did his name or trade-mark would immediately cease to be a guarantee as to the quality of his remedies. At this very time, the proprietor's methods of manufacture and original package are the only certain protection against substitution.

Ethpharmal proprietary medicines succeed on their merits. This is an undeniable business proposition. Practitioners are not fools whatever the ethical pretender may think. We do not know how Powers & Weightman make their

quinine, or Squibb his chloroform, digitalis, etc., but we know these remedies are incomparable, and that the secrets involved in their manufacture are safe in the hands of those who invented and perfected them. and through them, put into our hands a reliable medicinal agent.

It is very tiresome to read this crude and ignorant talk about the lack of ethics in using the elegant and efficient preparations of reputable manufacturing chemists. It is a sporadic revival of the old ecclesiastical spirit, when men who had the most bluster and the least wisdom, tried to crib, cabin and confine the energies of men in narrow channels, through the sovereignty of superstition, that they might direct and govern them. And it's the same old plea, only ethics has taken the devil's place. The railroad train, the steamship, the steam engine, and similar modern inventions were all considered unethical once—a flying in the face of Providence (no pun intended) and crossing of the manifest will of God. Hasn't the profession had enough of this superstitious and arrogant intermeddling?

The physician is a business as well as a professional man. He is dependent upon his own resources to make a reputation for himself and money to support his family. It would be poor policy for him to refuse to use a remedy which gives him good results, simply as a matter of prejudice, and he is not stupid enough to do it.

Of course the ethical pretender gets the support of the associated druggists. The druggist can put up a prescription in half an hour of the cheapest drugs he can buy, and if it doesn't work well, the blame goes to the Doctor, the druggist has his profit just the same. The manufacturing chemist can not do this. His remedies are introduced through the profession direct by samples and must meet expectations.

Should Not Know.

Patients should never be allowed to know what they are taking when the doctor is compelled to use narcotic drugs. The only safe way to avoid this is for the physician to buy his own supplies of morphia, cocaine and similar agents, and adopt some method of dispensing which will make it impossible for the patient to know what he is using, or to obtain a second supply without applying to the doctor, who will use his best judgment in the case, and not be guided by purely commercial considerations as the druggist is apt to be.

We suggest that physicians label all solutions and powders containing morphia, cocaine, etc., with some symbolic word like "Washington," "Franklin," etc., entering in his note-book the drug or formula which the symbol represents. In this way the patient can obtain no information as to what he is taking and the doctor has absolute control over the situation. If the patient becomes a "fiend" the responsibility of initiation into the habit will not rest on the physician. His conscience will be free.

We earnestly hope that physicians everywhere will adopt this, or some similar plan, to check this terrible and growing evil, which, in other forms, has ruined individuals and nations before now.

Another thing. If you must use alcoholic agencies, add some bitter principle to disguise the taste and hide the nature of the preparation. Don't give loose and large recommendations to use wine and brandy. If lives are ruined by a respectable introduction to all possible vices—and morphia and liquor pave the way to them all—the doctor can not excuse himself on the ground of good intentions. What are his superior knowledge, experience and assumption of responsibility for but to guide and guard those who come to him in weakness and dependence to be shown the safe and straight way back to health.

If you want to be smitten with conviction as to the justice and wisdom of this course, make a self case of it. Suppose that you had a lovely but delicate daughter being educated in some far away institution of learning. She has a severe attack of rheumatism. A physician is called. He prescribes morphia. It gives prompt relief and makes a lasting impression upon her. Being neurotic, many pains and aches will torment her and she will fly to morphia for ready comfort. The habit grows, as habits

have a way of doing, until it is firmly fastened upon her, until a life which might have been a blessing to herself and others is a blighted thing.

What would be your feelings toward that other doctor when you come to realize the original cause of all this evil? Would there not be a curse in your heart for the man who, forgetful of his responsibility, placed the means of self-destruction in her way.

Or, perhaps, a son away at college has the grip, and his physician carelessly advised a little good wine or brandy to promote convalescence. Perhaps this son is both bright and good but a little weak of will. He has been trained to absolute temperance because of hereditary weakness for alcohol. He would never think of touching it, but he has implicit confidence in his doctor. He follows his advice. His inflammable brain takes fire and that first drink seals his fate. Remorse and spasmodic efforts at reformation have no show when the drink habit has developed that lurking hereditary craving and made it as strong and as cruel as death itself.

Put yourself in the other man's place, Doctor, and your conscience will not let you play with fire. The careless use of narcotics can destroy the body, and consign all the relatives and friends of the victim to a hell on earth. Keep your patients in blissful ignorance of what they are taking.

Success.

Did you ever stop to think that the MEDICAL BRIEF is financially the most successful of all medical journals? No publication in the world has a higher rating in *Bradstreet's* or *Dun's*. What is the reason of this phenomenal success?

Twenty-seven years ago the Editor and proprietor started out to publish a journal on certain theories of his own. He had implicit faith in the medical profession to begin with. He believed that the practitioner ought to be a broad-minded, big-hearted fellow, independent by Nature, doing his own thinking, and beyond all, practical. The Editor believed that he could do something to contribute to this desirable end, and that the medical profession was liberal enough to appreciate his efforts, and to take them in the spirit they were meant.

All our friends prophesied failure for us. We were assured on all sides that physicians would never tolerate having their opinions contradicted, cherished beliefs assailed, mistakes criticised, etc. But the wonderful financial success of the BRIEF has justified our faith, and proves conclusively that our high estimate of the tolerance and liberality of the profession was a true one. The MEDICAL BRIEF goes all over the English-speaking world, from Maine to California, Canada, England, India, Australia, South Africa, etc.

The character of the men who support the BRIEF speaks volumes. They are the practical, progressive men, who study and work, and cure the sick. They are the men who have made medical science a reality. Now and then some one carps at the freedom with which the Editor expresses himself on the various topics of religion, politics, medicine, etc., all of which, more or less, concern the physician in his multifold relations with patients; but the great majority like the courageous spirit with which he essays to furnish food for thought. One letter of disapproval is more than balanced by hundreds of hearty endorsement.

The doubting Thomases among our friends are silenced. The marvellous financial success of the BRIEF is proof positive that the medical profession is the most liberal on earth, willing to hear all sides, and to believe that any shortcomings of ours are faults of the head not the heart.

The Old Man.

The rapid improvement in the course of British affairs in South Africa following the arrival of Lord Roberts, is a striking demonstration of the old man's value. In fact, the world is beginning to feel an ever-increasing appreciation of the old man, for which we have advancing civilization and medical progress to thank.

In earlier times, when the national idea was rude strength and natural bel-

ligerence, the old man was held in low esteem, except in rare instances of extraordinary mental vigor. The great majority were senile and disabled at fifty, becoming helpless charges on relatives or friends.

The dissemination of knowledge, the discovery and practice of the laws of health, the development of sanitary science, and the principles of preventive medicine, enable men to husband and preserve their vitality to an amazing degree. A man can and should live to be a hundred years old, if he will deny himself excesses and abuses, keep mind and body active, broaden and extend the field of his knowledge and sympathies.

A man should be in his prime at seventy. He should have reached the acme of his usefulness. Mental vigor should be at high tide. A lifetime of experience teaches caution and common sense, ripens judgment and mellows temper. Wisdom is not the first fruits of a man's career. Rather, it ripens in the autumn of his life, needing the touch of frost to perfect it.

A man who will let alcohol and tobacco alone, avoid overeating, take moderate, systematic exercise, make no unnecessary heavy draughts upon his vitality, and cultivates a sympathetic interest in world problems and progress, will enjoy the fullest and most intelligent use of his powers at seventy. His value in civilized communities will attain its maximum at this period. Already the worth of the old man is very generally recognized in old and New England, and the Southern Atlantic States, where Anglo-Saxon civilization has reached its highest development.

Now, this eminence of the old man is something worth striving for. It will create a revolution in the ambitions and ideals of men, and is closely related to the profession of medicine. When men thoroughly understand that it is possible, by individual effort, to rise steadily from grade to grade of intelligence and usefulness while life lasts, it will diminish the feverish haste to get rich and shirk work in order to sit around and enjoy the supposed blessings of idleness and dissipation. The inseparable relation between character and work will be clearly seen. It will be generally recognized that every man must help humanity by service of some kind, aside from the question of financial reward, in order that the ego may thrive and grow. There is no happiness except through the harmonious development of soul and body.

Both soul and body must be scientifically cared for. The man who wants to grow old by a process of evolution, instead of a gradual breaking-down, must have an intelligent, broad-minded physician to consult with. The doctor who knows something about every department of life, and everything about his own profession, will be the greatest of all powers in the years to come.

Monopoly Trusts.

The great feature in the trust system which excites distrust and antagonism is monopoly. By monopoly, we do not mean the rights granted by government with patents, copyrights and trademarks. These rights apply only to the creation of new wealth, and consequently harm no one. They are essential to encourage and reward inventors, writers, etc., and subserve the general good. But monopolies of existing products by trust methods attempt to eliminate competition by unfair and oppressive measures.

The principle of competition is the source of all merit and all progress. It is impossible to eliminate it by artificial devices without retrograding. How to preserve its beneficial influences and effects, and avoid the errors and abuses growing out of it is the question before us.

The association called a trust brings together those engaged in an industry, and enables them to discuss the situation frankly from the basis of a common interest. It enables manufacturers to ascertain how much of a product can be sold at a profit annually, at what points it can be manufactured to the best advantage, how distributed, etc. So far a trust is educational and beneficial. Habitual over-production is injurious to the prosperity of a country.

Trusts which have been formed along natural evolutionary lines of growth,

consolidation, higher organization, more efficient and economic management are models of business success, succeeding by the operation of natural business principles, rather than forcible efforts to eliminate competition. They do the business because, through greater experience and facilities, they can do it better and cheaper than any one else. But these instances are comparatively rare.

The majority of trusts are artificial—mere schemes invented by promotors, shady capitalists, and a few inside manufacturers to legalize an organization which shall enrich them by draining the savings of small investors.

Businesses which are flourishing along natural lines are not tempted. To others the promise of monopoly and an inflated valuation for his plant readily secures an option on his property. When enough options are secured to control the business, the shady capitalists are ready to finance the trust, and the inflation business begins. The promoter wants a heavy profit, the capitalist ditto, the manufacturers must be paid part cash on their valuations. All this money must be raised by laying the credulous public under tribute.

If the real value of the united properties is six million dollars, wind enough is added to make it thirty-six million, divided into preferred stock, bearing a certified rate of interest, and common stock dependent for dividends on the earnings of the trust. The promoter and capitalists promptly unload their stock by subterranean manipulations of the market. Sometimes this privilege is stipulated for before the manufacturers, or their friends, shall be allowed to sell any stock.

A trust formed under such auspices is "dead in the bornin'." It may struggle on for a time, but sooner or later the stockholders and employes are left with nothing but the machinery of organization in their hands, from which the life-blood of credit has departed.

It would be impossible for the promoter to tempt the manufacturer into his scheme, or to lay hands on the hoardings of investors, but for the golden promise of monopoly. It is the assurance of enormous profits to be made by getting control of the market that tempts manufacturers and investors alike. Shorn of the monopoly feature, trusts would follow natural lines of development, the principle of competition would continue operative, so long as its benefits exceeded its injuries, and ample time would be had for natural adjustment to economic changes.

The solution of the trust question is a matter for the people to decide. A calm, unprejudiced consideration of all the elements which make up the present situation, will develop certain logical conclusions, which crystallizing as public opinion, will constitute an effectual check to dishonest trust methods.

Intuition.

The rudimentary sixth sense, which we call intuition, is stronger in animals and children than in man, because man depends more upon reason for his guidance. Animals and children know intuitively whom to trust, and we, ourselves, have intuitive likes and dislikes for people, frequently justified by experience, however unreasonable they may appear.

A man has intuitive knowledge of form, color, music, truth, mathematics, etc. He can not tell you how he has this knowledge, but it is unerring, and when largely developed, constitutes genius. Blind Tom the pianist, and Colburn the lightning calculator are familiar instances.

By intuition, savages discern certain indescribable changes in the face of Nature, subtle atmospheric influences which portend changes, and upon which animals base their preparations for the different seasons, and seek protection from approaching storms.

The sixth sense is likewise the basis of the gift of prophecy. By it we are enabled to read human nature, and to forecast the drift of events.

Intuition is the source of all knowledge of right and wrong. Education has simply trained and disciplined conscience; its origin and growth are intuitive. Before churches, creeds, books or priests were invented, men were capable of discerning right and wrong, and had an intuitive belief in immortal-

ity. In spite of all the follies and iniquities perpetrated by churches and theologies, these fundamental natural elements of all genuine religion have persisted. They are, to-day, the best assurance that we have of a future life. But experience has taught us that by cultivating our intuitions—by bringing our lives into harmony with Christian principles—by searching out and obeying the natural laws which govern the various departments of life in accord with the over-reaching, universal moral law, our belief in immortality continually grows and strengthens.

In the world of materialism, we learn that supply and demand are inseparable. It is logical, then, to conclude that this natural belief in immortality, growing stronger through the culture of the intuitive nature, this constant striving after right living, is the condition, the preparation for immortality. The culture of the spiritual nature endows it with generous feelings, sublime aspirations, noble ideals, divine attributes, which may serve the ego in a future existence as the members of the body obey human wills. Before we can live again it is essential that we develop a Nature capable of living and sustaining itself under other conditions.

For instance. In this life, we can not live without air. In another existence we may find life insupportable without the capacity to love. People do not love naturally and unselfishly. They have to learn to love through generous, lofty, self-sacrificing devotion to ideals, principles, human weal, etc.

We bring with us to this world the powers and organs by means of which we nourish and cultivate our natures here. Our earthly estates depend upon our mental and physical qualifications. Those who are blind, deaf, maimed, miss sources of pleasure and development which others enjoy. So those who do not cultivate the sixth sense—the gem of the higher nature—lose the purest and sweetest of all pleasures. Growth, development, progress are essentials of immortality as well as of physical health and material prosperity. If these conditions are neglected, dry rot will attack the soul.

We are placed, also, in such relationships to other men, by environment and social connections, that we must help educate each other or suffer for each other's trangressions. The scheme of redemption does not contemplate any narrow-minded selfishness, whatever a corrupt and power-seeking priesthood may have taught men. Experience demonstrates over and over that men suffer for their own wrongdoing directly and indirectly for that of their fellowmen. God has arrayed every natural human instinct in favor of an honest, upright, benevolent life. Men would long ago have learned this lesson by simple observation and inference, but for the perverted teachings of orthodoxy, which made opinions and professions paramount in importance to life and works.

Develop intuition, live right, help to educate your brother man, come closer into communion with the Great Source of All Things, and shallow skepticism, obtuse atheism, corrupt infidelity and diseased pessimism, will be seen as mere mists, storm-clouds, beyond which the warm, fertile, joyous sun of eternal life and light shines on forevermore.

Nervous Prostration.

Nervous prostration is common in the spring and early summer. Neurologists find nervous prostration at this season of the year very intractable. Remedies upon which they are accustomed to depend produce little or no effect. The reason is that they do not remove the impurities in the blood. Bad blood and obstructions to circulation are the chief causes of nervous prostration in the spring. It is useless to treat the effects and leave the cause operative.

During the winter we eat heartily of concentrated food, drink little water and take little exercise. By spring the blood becomes very thick and circulates slowly, the lymphatic system is engorged and torpid, the alternate warmth and chill of the air stops and starts the secretions, producing congestions, rheumatic pains, etc. Biliousness, kidney trouble with albuminuria, casts, etc., frequently accompany this condition. Great languor and apathy are manifested. Patient is very weak, feels as if he had no sense, and is averse to

making the slightest effort. Mentally and physically he is overwhelmed by poisons which require elimination.

Give this patient a good alterative—Iodia is our preference—teaspoonful in water three times daily. This will stimulate the lymphatic system and thin the blood serum down to the normal point, where it circulates freely. If the kidneys have become diseased in trying to eliminate the excess of albumen in the blood, there is no better renal tonic than Lithiated Hydrangea. In the uric acid diathesis, Sanmetto may be given in alternation with Lithiated Hydrangea.

The clouded and depressed mental condition is usually the result of a torpid liver. Cholagogue cathartics cause temporary improvement, but the better plan is to give Chionia, a teaspoonful three times daily, in alternation with the Iodia, for some time. This preparation acts as a mild but continuous stimulant to the liver. The skin soon begins to clear up, at the same time a mental buoyancy is noticed, and in a short time the patient is feeling all his old interest, ambition and energy in his regular pursuits.

The old practice of giving blood-purifiers in the spring can not be improved on in the treatment of nervous prostration at this time. The treatment is also a good preventive of the various congestions and complicating ills which make this—the fairest season of the year—a time to be dreaded by many people.

Governmental Control.

A healthy stomach can, within certain limits, find nutrition in food which is unsuitable. But if the process is too long-continued, indigestion, malnutrition and disease are the results.

America has long been feeding on an unnatural, foreign dietary. She has now an immense population drawn from Continental Europe, which is beginning to afflict her with indigestion. This foreign population is no longer readily assimilated. It begins to ferment, to rebel against the ideas and principles of the country of its adoption.

Our foreign population is bent on introducing old monarchical methods into free America. They want Government to own and control everything, so as to create offices to give them artificial employment. If this system were once inaugurated and carried out to its logical limit, we should return to barbarism. There would be no opportunity for the individual to go out into the world and win fame and fortune for himself by the simple exercise of his talents. He would be tied up, hindered and handicapped on all sides. It would take all his time, and most of his capital, to see and fee all the various officials in order to *legalize* his natural, inalienable right to earn a living.

Officialism is not, and never can be, made the rock foundation of society. Society rests on the individual worker, laboring for self and family. Real work is not a joke, and the worker must have every incentive that self-interest and fair play can supply, if he is to do good and lasting work. It is suicidal policy to hamper him in his efforts. Nature provides that he must share his success with others without the necessity of resorting to artifice. No man can become wealthy by legitimate means without incidentally benefiting a host of others.

Governmental control of utilities is based upon the idea that, by depriving men of self-interest and natural rewards for energy and industry, a community will enjoy the fruits of their labors without having to pay for them proportionately. But the saving is more apparent than real. Take away reward and you slack ambition and effort.

There is the post office. It is under governmental control. It never pays expenses. If it were owned and run by a business man, the problem of making it do so would long ago have been solved, rates of carriage would be cheaper, the service of a better character, and the employes enjoy higher wages. If you doubt this, compare the history of the Express Companies with that of the Post Office.

Cities which own their own water and gas works charge higher rates for inferior service than where these departments are owned and operated by individuals.

The politician advocates governmental control simply because he wants office.

Unthinking people agree with him because they don't know any better. Sentiment and practice are as far apart as the poles. Governmental control means selecting men by false standards for positions unsuited to them. It means running a business by hard and fast rules made by people who know nothing of that business. Governmental control means doing business at a loss, the deficit to be made up out of the people's pockets. It means taxing the worker for every breath he draws, for the privilege of sneezing. It means carrying your hat around in your hand, humbly bowing and smirking, thankful to be alive, "moving on" or "shelling out" at the approach of hydra-headed officialdom.

The protection of the individual and his rights from trusts, governmental control and similar outgrowths of monarchical principles, is the only way to preserve the Republic.

Confidence.

Confidence is the basis of all business and all prosperity. While not legal tender, it is an intangible sort of currency which creates credit, fosters enterprise and investment and keeps the wheels of trade humming. The importance of confidence is not easily overrated. It is the essential condition of commerce, and upon commerce we all depend for what we have and are. Confidence confers stability upon financial operations which enables men to foresee events and make calculations for their guidance upon which hinge the profits and losses of business.

When anything happens to impair confidence, financiers and business men take instant alarm. Their responsibilities are enormous, their profits, in most instances, depend upon the extent of trade, which always falls off in panicky times. They must protect themselves. They take in sail promptly, curtail their operations, work few hours, employ less men. The banks, fearing a run, call in their loans, straining the credit of the most honest to breaking point. Everybody is called upon to settle at once and all are so tied up, few can meet the sudden demand without injury. Nobody wants to do, to buy, or to pay anything. Energies and desires are paralyzed by distrust.

Lost confidence is a dreadful disease—a disastrous plague which now and then seizes commerce, making us all to suffer sympathetic pangs, and to feel the subsequent torpor and debility.

The principal causes of lost confidence are: A debased and fluctuating money standard, fool legislation, the election of men to power on unsound platforms, dwindling of the gold reserve, an extravagant and unwise administrative policy, demagogical agitation, failures of old and widely-connected houses, over-production, crop failures, etc.

The South has learned by practical experience what confidence can do to make a section prosperous. Seven and nine cent cotton, expanding markets and the development of her manufactures, followed close upon the firm establishment of the gold standard. As soon as the stored-up wealth of this and older nations found it would be safe, it went where it was needed. English gold is making the South rich and prosperous once more, widening the market for labor, and providing petty tradesmen with increased opportunities for making a livelihood by catering to such labor.

All this helps the doctor, too. With money circulating actively, everybody at work, and confident of being kept at work, people are not so reluctant to consult or pay a doctor, and it is largely his own fault if collections are slow and bad.

Our present unparalleled prosperity ought to be of lasting duration. We are having an object lesson as to the advantages of sound business principles in government. States in which populistic ideas dominate the legislature have not shared in the general prosperity to the same degree as more conservative ones. Sensible men do not spend their energies, or invest their money where their interests are going to be perpetually menaced and warred-on under all kind of sentimental pretexts. They naturally prefer places where individual rights are recognized and protected.

As to expansion, it is most too late for Senator Hoar and others, conven-

iently forgetful, to talk about "The consent of the governed." The course of the United States after the civil war settled that question. Besides internationalism is a growing force in world evolution and politics. It is the business and duty of old and able nations to colonize. England's experience demonstrates that it is mutually profitable and helpful. New thoughts and influences flow into both. The colonies make progress in civilization; the old country becomes steadier, more responsible and worthier. Commercial reciprocity helps both when it has once found a safe and advantageous basis. The friendly feeling brought about between America and England by recognition of the unity of our aims, interests and like destiny will be useful to us in governing our new possessions. All things look bright for a great future if we are wise enough to go on as we have begun.

How Does He Know It?

Mr. Howe, Editor of the *Atchison Globe*, in a lay sermon, drawn out by the occasion of Rev. Mr. Sheldon's week's editorship of the *Topeka Capital*, says: "Death ends all; there is no life beyond the grave."

But how does he know this? Is religion a matter of knowledge, a matter of fact at all? Is it not purely a matter of faith and belief? Knowledge and reason have their limitations. They are human institutions, fallible, and therefore capable of being distorted and disputed without end. True religion is founded on a vital instinct. From the earliest times, before the written word, before learning became a science, men had an intuitive perception of right and wrong, an instinctive certainty of immortality. This intuition was doubtless keener and truer in a more dependent, less materialistic age than our own.

Religion has always existed, just as men have always ate and slept. It has been subjected to abuses, errors, perversions, because its light had to pass through the prism of imperfect human Nature, but in spite of all hindrances, imperfections and shortcomings, the faithful practice of religious principles, has led us upward and onward into the light of civilization.

And why? Because religion is vital. The religious instinct, a true and tender conscience, are fundamental to all genuine growth and progress. When a man comes to doubt the reality of religion there is something wrong with his life. If you lose your sense of smell, through disease, you may enter a rose garden and miss the delicious fragrance which rises to your nostrils. You may deny its existence, and there is no way it can be proved to you, because you have no organ to receive impressions.

Millions of souls have lived and left behind records of a faith and belief similar to our own. Time has builded to religion a huge monument of civilization, becoming daily more gentle and Christ-like. It is the foremost nations of earth that uphold Christianity.

Many have confounded orthodoxy and religion, and called the latter to answer for the iniquities perpetrated by ecclesiasticism. But orthodoxy has died many deaths, and each time religion has had a new and higher birth, demonstrating at once its vitality and immortal nature.

The atrophy or failure of the religious nature to develop is the greatest loss a man can know. Religion strengthens, fortifies and sustains him. It preserves him from gross errors. It moulds and develops character. It keeps intuition keen and subtle. We know truth only by the touchstone of truth in ourselves. It is the true divining rod by which we sound the depths of human Nature and "hitch our wagons to a star." It makes a man optimistic and persevering in the face of difficulties; consoles him in the presence of defeat. It is not a mere coincidence that the men who have risen to the greatest heights of thought and achievement; who have attained lasting fame and influence, were religious men in the best sense of the word.

Religion borrows certain characteristics from the humanity in which it is enshrined. It is liable to individual disease and death as well as life and growth. Religion is an instinct—a germ seed—which requires certain conditions for its growth and well-being. Faith and practice are essentials. If we start out on the river of faith, with intuition

for a compass and conscience a chart, doing the duties near to hand, according to the best light we can get, we shall by and by reach the great ocean of belief, and attain an assurance of immortality, which no amount of skeptical assertion can disturb.

It is true that religious professions will not enable us to escape the penalties of broken laws. There is no scape-goat in the Universe. We must pay for our experience like men. But faith and belief subdue anger and resentment, clarify vision and enable us to profit by each lesson. The man who wants to make religion an easy road to self-indulgence will soon come to doubt its existence. The man who habitually gorges himself with food will, in time, forget what normal digestion is. The power of repentance to quicken the soul is real, but the penalty of broken law must still be paid, the soul strengthened and regenerated by arduous striving for the right in the face of discouragement and relapses. There is no royal road to righteousness any more than to any other goal.

Christ suffered on the cross, not in payment for the sins of men, but as an object-lesson which should astound and impress all the ages with the sublime spectacle of what pure religion can enable man to endure.

Science has not confuted the Biblical promise of immortality. It has simply changed our conception of what immortality is. And what is it but imperishable, mysterious life, growing and changing through worlds without end? Not principles, but their incarnations, die, and is not evolution an universal principle? And is not essential progress always toward more perfect individualization?

Nature is not an "accident." She is the great womb of time, operated by undeviating laws, but the fructifying principles of intelligence and love are of God, and those who attain to sympathetic knowledge of God-like qualities and attributes, return to the Supreme Source drawn by the subtle law of attraction. We are just beginning to read the revelations of natural law, which will throw an ever-increasing light on this great subject in the future.

[Written for the MEDICAL BRIEF.]

Threatened Abortion and Non-Puerperal Hemorrhages.

BY G. S. FARQUHAR, M. D.,
Glenford, Ohio.

In women who have formed the habit of aborting, I have found chloral hydrate and viburnum prunifolium, in combination, the most potent remedies.

I also use the same remedies in menorrhagia and metrorrhagia, and flooding during the menopause.

Caffeine citras, I discovered some three years ago, possessed strong hemostatic properties, having arrested a very severe hemorrhage in a lady during the menopause. I do not recall any case ever treated with caffeine, and my discovery was purely accidental. I have used it since with very positive results. Try this, brothers, and report results through the BRIEF.

[Doctor, have you tried Aletris Cordial? You will find this preparation alone, or in combination with Bromidia, in emergency cases, unequalled in threatening abortion, menorrhagia, dysmenorrhea, etc.—ED.]

[Written for the MEDICAL BRIEF.]

Hypodermic use of Carbolic Acid.

BY J. H. JONES, M. D.,
Hyndman, Pa.

Please give a resumé or a recapitulation, editorially, on the antitoxin question—with the amount of carbolic acid safe to use hypodermically. I believe you are right. I have used carbolic acid hypodermically.

Cholera Infantum.

Dr. Wm. R. Neville, Woodbury, Md., says: I have found nothing so valuable in this disease as Listerine, combined with mistura creta, or bismuth. The following formula I have used most successfully:

R	Bismuthi Subnit	1½ drachms.
	Listerine	½ ounce.
	Glycerinum	2 drachms.
	Mistura Cretæ q. s	2 ounces.

M. Sig.: Teaspoonful every three or four hours.

[Written for the MEDICAL BRIEF.]

Pain Relieving Drugs: A Comparative Study.

BY J. W. P. SMITHWICK, M. D.,
LaGrange, N. C.

Opium and its preparations have been in use for a great many ages among the medical fraternity. It has been of vast benefit to the human race in relieving pain and consequent suffering, and I expect it has been of more service in combatting the deadly scourges of disease than any one drug of *materia medica*. Nothing is so valuable for relieving pain of an inflammatory origin as opium. Opium as a pain-relieving agent is indispensable, but as a narcotic it is objectionable in most cases. It is administered in nine cases for its anodyne effects to one for its soporific effects. Another part of it to be considered is its after-effects. In a great number of people who take it there is left to tell the tale next day a dull, heavy headache, and a constipated condition of the bowels. About one-third of all to whom it is administered, either by mouth or hypodermically, suffer with intense nausea for from twelve to twenty-four hours afterward. These features of its physiological action are all very objectionable. In some diseases when it is necessary to prolong its administration as in different forms of malignant growths, its deleterious effects upon the whole digestive system are very marked. Often, instead of proving a soporific, it manifests itself as a cerebral excitant, and in such instances usually increases the trouble rather than relieves it. We can not easily get along without the soothing, analgesic effects of opium, but as a narcotic we can easily and with great advantage dispense with it.

As a result of its untoward effects manifested in a great portion of people who take it, numerous drugs have been recommended to supplant it in armamentarium of the physician. The various coal tar preparations are valuable in relieving pain of a neuralgic character, but are almost worthless for relieving pain of an inflammatory nature. They are all great circulatory depressants, which is a very serious obstacle to their administration, and which has not been overcome in any of their combinations so far.

Papine is a preparation of opium that has recently been introduced to the notice of the medical profession. It is the analgesic principle of opium with the narcotic principle removed, and would seem to have very much greater therapeutic value and application over other drugs of its class, inasmuch as all the objectionable principles are eliminated. It is prepared so that one fluid drachm represents exactly the power of one-eighth grain of morphine. It is constant in its proportions and can be relied upon as a therapeutic agent. I have used it in a number of cases in which opium or its alkaloids are usually indicated, and have always had good results with no bad effects to attend its administration. Wherever I have used it I have a true anodyne effect, and there was manifested none of the narcotic, cerebral excitant, or digestive disturbant effects so commonly attending the administration of opium or its preparations and alkaloids.

For the purpose of study and comparison I relate a few typical cases of disease in which I have made use of it, as follows:

A. M., female, aged fifty-four. Had inoperable carcinoma of the uterus. I began giving morphine for the quieting of the pain which was very acute in character. Its administration caused a very severe nausea with vomiting and intense retching, so much so that she preferred the pain to taking morphine. I changed to Papine with great relief and satisfaction to the patient. Its administration caused none of the bad symptoms attendant upon the administration of morphine, and while taking it her bowels became regular and the appetite improved. Of course, it can not cure the trouble, and the fatal event—death—will come sooner or later, but the administration of the drug gives relief while life lasts, and makes existence a little more endurable to this unhappy woman.

H. L., male, aged thirty-three. Was called to see this person and found him

suffering from an attack of biliary colic. He told me that if I could secure relief without giving morphine he preferred that I would do it, as he always suffered from severe headache and nausea the day following its administration. I administered Papine in teaspoonful doses every fifteen minutes, and after taking the fourth dose he became quiet and remained so. The day following I saw him, and he said he felt well, had no drowsiness, headache or nausea that were of so much trouble to him after taking morphine. There was nothing that caused inconvenience except soreness in the region of the gall bladder, which was no more than could be expected. He has since had me to attend him during two attacks, and I administered Papine each time with good results.

A. M., female, aged twenty-six. This lady consulted me on account of the very excruciating pain incident to the menstrual periods. She was married, and had one child, a boy about three years old. I made a careful examination *per vaginam*, but found all the parts normal. Stated that she had been troubled all her menstrual life, and that she had been in the habit of using morphine during the attacks, but on account of the cerebral excitement and derangement of the digestive functions she would be forced to stop it and endure the pain. I prescribed Papine to be taken in teaspoonful doses as required, and three months later she informed me that the medicine had had a very happy effect. That there was no cerebral excitement nor digestive disturbances attending its use, and that she felt sure that her general condition had improved in consequence.

S. A., aged forty-eight. Was called and found this man suffering very acute pain from an attack of nephritic colic. Had been troubled with these attacks for the past ten years, and had always used morphine to get relief, though it caused intense suffering the next day, nausea, vomiting, and a great amount of retching. Having received the above information I administered Papine in drachm doses every fifteen minutes, until five doses were taken. After that he became perfectly easy, and remained so. The next day he suffered no inconvenience whatever, and was well pleased with the treatment I gave him.

M. S., aged seventeen. Was called to see her, she was suffering with pain attendant upon the menstrual periods. She had been troubled ever since the function had made its appearance. The family had given morphine in the previous attacks, but on account of the great cerebral excitement accompanying its administration, was afraid to continue its use. I administered Papine in teaspoonful doses every fifteen minutes. She became quiet after taking the third dose, and remained so. There was not the least cerebral excitement present, and she did well.

These cases are sufficient to demonstrate the excellent therapeutic action of Papine. They all did well under its administration, who had formerly done badly under the administration of opium and its alkaloid, morphine. I have used Papine in a great many cases where morphine would be indicated, and have never noticed any bad effects or results, even though its administration was prolonged for an indefinite period of time. It never produces sleep as opium does, and I would here state that the indications for opium as a hypnotic are very few; it never produces constipation or retards the functions of the various secretory and excretory organs of the body as opium is sure to do; it never disturbs the functions of the digestive organs; on the contrary I have frequently noticed an improvement in existing indigestion during its administration, it never produces cerebral excitement as opium sometimes does; and it never depresses the circulatory apparatus with the accompanying cyanosis, as is often the case after the administration of the coal tar products.

I have yet to see a tendency toward drug addiction following its use even though its use has been prolonged, but a drug habit is very often the result after the administration of morphine or opium in any form for any length of time. I have found it as efficient in controlling all forms of neuralgic pains as those of an inflammatory character.

[Written for the MEDICAL BRIEF.]

Use of Nitric Acid; Cancer; Vaccination; Antitoxin, etc.

BY FLOYD CLENDENEN, M. D.,
La Salle, Ill.

Nitric acid is indicated wherever there is a slick red tongue, with a slight bluish tinge. We do not care for the name of the disease, it is the condition or poison in the system we wish to antidote. We often find this condition, which gives the slick, dark red, with bluish tinged tongue, in typhoid; also in chronic malaria poisoning. As to the use of antitoxin in diphtheria, we have closely observed its use by other physicians, and found that they do not have the success in curing this disease that others do who do not use this serum. We observe, also, that the so-called remedy is used largely, not always, by a class of doctors whose stock in trade is largely humbugery and mysticism, as there is, in every community, a class of people who are anxious to grasp after things from abroad, always deprecating home remedies. This, too, is the case with too many in the medical profession. We believe America produces the best physicians and surgeons on earth. In our opinion the sick horse serum has been bolstered up by the carbolic acid it contains, else it would not have survived so long as it has. We have found specific tincture jaborandi, or a good fluid extract of the same, to be much superior to the sick horse whey. We do not depend, wholly, on any one remedy in diphtheria.

In membranous croup we have found jaborandi, in large, often repeated doses, to be nearly a specific. We use jaborandi, aconite, veratrum viride, phytolacca, echafolta, baptisia, etc., as the case may indicate, not forgetting to spray or brush into the throat potassa chloride in solution, tincture of iron, boro-glyceride, carbolic acid, etc., as may be required, combining such of these remedies as we think best, and we do not fail to burn a Vapo-Cresolene lamp in the sick room. This latter will prevent other children from taking diphtheria when one in the family has it. It is also the remedy in whooping cough. To those who have not tried this lamp we say try it, and if you do not derive enough good alone from its use to pay you ten times over for your subscription to the MEDICAL BRIEF we will pay it for you. We are writing facts to try to contribute our share, as far as possible, to repay the writers for the many good things they are writing each month in this journal, where the doctor from every school of medicine has his say.

We care little for names of medical schools, we having been through the three leading ones, and found good things in all. The MEDICAL BRIEF, and a few other journals in the United States, appear to be after knowledge, and care little whence it comes so it is facts. If we fail to write facts, some of the many readers will score us. So mote it be.

Cancer, if treated properly in the earlier stages, is curable in every instance (we refer to external cancer), thanks to modern medical researches. The knife has been tried, and totally failed to cure since we have had any history of surgery, yet we find doctors who, from lack of knowledge or their desire to take in the almighty dollar, still recommend the knife in cancer. Such are behind the enlightened age. We have to learn how to successfully treat cancer as the mechanic learns to build an engine and make it do its work successfully. Experience, together with good judgment, is the first essential. The hypodermic injection of antidotes made from antiseptics, caustics, astringents, etc., have their places in the treatment of this disease so long neglected by the medical profession. Now, however, thanks to American ingenuity and research, there is an awakening and the deadly cancer is deadly only when neglected too long, or when the deadly knife has been used.

Vaccination. There is a wide-spread notion among the people, and a few doctors as well, that a scar on the arm is proof sufficient that the person has been successfully vaccinated to prevent small-pox; this is an error which should be condemned by all medical men. We find many doctors believe that to vaccinate with the pus from the arm of one

who has been vaccinated with good virus is all sufficient, and point to the sore made, by such poison, as it is nothing else, in proof of its value. This pus vaccinating will produce a sore many times very dangerous, and may transmit disease, but it is not a preventive to small-pox. There is a portion of the scab, however, that is efficient. By scraping away all soft or loose matter there will be found in the center of the fully matured scab a clear, hard portion, not unlike a piece of rosin; this, when wet up and used, will not convey disease, and will be efficient in preventing small-pox. In order to be safe it is best to be vaccinated once a year, at least, with bovine virus, procured from a reliable house, until it will not take. Then, and only then, can you be sure that you have been properly and efficiently vaccinated.

We always look to the editorial pages of the BRIEF with much pleasure, as the articles are usually good—yes, very good.

[Written for the MEDICAL BRIEF.]

Membranous Croup.

BY E. B. HAMPTON, M. D.,
Rush, N. C.

[Written for the MEDICAL BRIEF by one amongst almost the first subscribers to the BRIEF.]

I see in March BRIEF a request from Brother A. J. Shore, M. D., Sailor Springs, Ill., for light as to the dread disease, croup, having had to see some dear one suffer and die without any means of relief.

This constrains me to give him the fruits of my knowledge, having had just such an experience forty years ago. Yet, by the help of the Lord, the benefit of experience or all combined, I have not had the sad sight in fifteen or more years.

I learned from an old physician that came through the country, some additional yet simple remedies. One was to apply a pack of cold to the upper chest or part of chest, six or eight inches square, wrung out of spring water, extending some inches up the neck over the affected part, and changed frequently. Made to apply closely and smoothly. Wet a thin cloth then with equal parts of camphor, kerosene oil and turpentine. Apply this under the pack until it may make the skin so tender that the child can not bear it; then take off, and still use the pack and drop some spirits of camphor over it if it can be borne, or while it can be borne. Be sure to keep up the pack while there is any trouble.

With, or in conjunction with, this, I give small doses of calomel, and if any fears about worms, a little santonine. Do not continue the small doses of calomel unless there is fever. If there is no fever I give alum in honey in small doses until it produces vomiting, then I give the alum as need be, and repeat calomel according to fever

I have not lost a case since I used this treatment, except following diphtheria. I have recently added to this treatment a remedy which I saw in, I think, the *North Carolina Journal*, which applies more especially to spasmodic cases; but it is safe in any, as they may all be of that sort at the first.

R	Chloral	30 grains.
	Bromide Potash	30 grains.
	Bromide Ammonia	20 grains.
	Water	2 ounces.
	White sugar one or two tablespoonfuls.	

M. Dose: To a five-year-old child one teaspoonful every fifteen or twenty minutes until easy and sleepy, and continue as need be.

I have temperature of room kept at 60° F.

I have treated several cases of this disease this season, and had no trouble. Had none to die, but I think they were mostly spasmodic. It has been my fortune to have them all to turn out spasmodic under this plan, so I imagine they may all be so at first. I have been bothered as to the dose with small children six and eight months old, but I begin with a small dose, eight or ten drops, every ten or fifteen minutes, until enough is given to quiet. I always ask the good Lord to cure them, and I hope my good brothers will do the same with equal results.

With best wishes for the most worthy journal and most worthy Editor.

Stomatitis.

Dr. R. N. Leach, Bighill, Texas, reports a case of ulcerative stomatitis cured by Ecthol.

[Written for the MEDICAL BRIEF.]

Variola as We See It—Its Treatment.

BY DOUGLASS HAYES, M. D.,
Tracey City, Tenn.

Since Jenner's great discovery, our physicians have trusted to it as a preventive, which is just and right they should. But how about that poor unfortunate patient that has contracted the disease? He is worthy of some consideration, and it is in his behalf that I wish to speak. For the past four months small-pox has existed within our midst. On the 27th of February I was called to see my first case.

W. C. P., male, aged forty-four. Patient at the time was suffering from all the primary symptoms of the disease, severe headache, excessive vomiting, pain in back and limbs. Temperature 104° F. Stated he had a chill the night before. The fact that he had been exposed made me quite sure of my diagnosis, though I could not convince him that the symptoms were the onset of variola. I at once set to work to relieve my patient. To relieve the constipation which was existing, I ordered an enemata of castor oil and soap suds, at the same time giving bismuth, carbolic acid and Listerine for the vomiting. The above treatment gave relief in this respect. My attention was next turned to the relief of the head, back and limbs. This was accomplished by the use of one-fourth grain morphia sulphate in a teaspoonful of chloroform water. On the evening of the second day the papules made their appearance; first I noticed were on the wrists, but by the following morning they had extended very well all over him. As the eruption developed, the fever dropped to 100° F., but as vesicles formed I noticed it was hemorrhagic in nature, as very near every vesicle had blood in them, with the exception of a few in the bottom of the feet and palms of the hands. At this stage my patient showed signs of marked prostration, for which I used whisky quite freely. He was improved by the use of the stimulant, but on the morning of the fourth day he had quite a severe hemorrhage from the throat. I then used pulverized alum, Pinus Canadensis and glycerin as gargle. Also, Hydrogen Peroxide as a spray. This treatment relieved the hemorrhage and inflammation, and he was soon able to swallow much better. I then placed him on hydrargyrum bichloride, one-sixteenth grain, every four hours; and as secondary fever came on, I reduced it very greatly by sponge bath of bichloride, well diluted. On the ninth day my patient was greatly improved, and his convalescence was rapid for one so ill. I would also state that each time after the bichloride bath, I used the following as an oil, which greatly reduced the itching: Oxide zinc, Unguentine, olive oil. This he would rub in himself quite freely.

While attending the above case I was called to see and attend E. K., male, age nine; M. K., age seven. E. K. I found with confluent variola. M. K. was suffering from the hemorrhagic form of the disease. The same line of treatment was used in both cases as I had used with W. C. P. But the little girl succumbed to the disease on the fifth day, after having hemorrhage from kidneys, bowels and stomach. The little boy's recovery was rapid. Neither had been vaccinated. Now here allow me to state that W. C. P.'s family was composed of a wife and five children, ages running from five to twenty. On my first visit I vaccinated them all with Mulford's glycerinized vaccine lymph, the results were successful, as I had no other case in that house. I have since treated two cases of discrete small-pox, which recovered quite rapidly; my treatment was the same as in the previous cases. I wish to emphasize just two points, the value of mercury, both externally and internally, as well as the use of Hydrogen Peroxide for mucous complications. Care for the mucous membrane with ten per cent solution, or four per cent solution of Hydrogen Peroxide. Use hydrargyrum bichloride internally, and also as bath. Cover face and hands with bichloride gauze, wet well in zinc oxidi, Unguentine and olive oil. It will relieve that excessive itching and prevent pitting, and with small doses of morphine for pain, given in chloroform water, I am sure that you will be pleased with the results.

[Written for the MEDICAL BRIEF.]

Practical Points.

BY A. E. GRAY, M. D.,
Cretcher, Mo.

I see that you ask for plain, practical remedies. Well, here are a few that are both plain and practical. For rhuematism, the left hind foot of a graveyard rabbit, killed in the dark of the moon, carried in the pocket. I got this remedy from a back number of the BRIEF. N. B. I do not say that the Editor, or anyone else, vouches for the efficacy of the remedy.

A brother practitioner told me that he visited a patient in "Cousin Kingdom" (an intensely Christian community out here), and found under the bed a bucket of water. He was told that it was to cure "night sweats."

I was called to a woman suffering agonizing after-pains, and found an axe in the bed with patient. I asked for an explanation, and was told that "Aunt M. put it there to cut off the after-pains." I relieved my patient and left. I also left the axe where I found it, and I know that with sufficient Papine to control pain, a few doses of quinia and a dose of magnesia sulphate she did splendid.

I was called, March 4, 1900, to see J. H., sixteen months old. Found him with stridulous cough, hard breathing, spasm of glottis, in fact, what is often called croup. Gave hydrargyri subsulphas flav., followed by free emesis. Left other medicines and instructions. Called again in the afternoon, found patient much better. Grandma H. arrived on the scene by night, and recommended tying a silk cord around the child's neck, saying that Dode's (another daughter-in-law) baby had worn a silk cord around her neck all winter, and and had not had the croup.

So you see the evidence is conclusive. Besides this, all the babies down on Lamine wear the silk cord around their necks. The cord was put on my patient. I called on the morning of the 5th, found the child about well.

Now, don't you see what a silk string will do? That cord is yet around that child's neck, and he has not had croup since. This beats anti-diphtheritic jackass juice in immunizing all hollow.

Now, Mr. Editor and brethren of the BRIEF family, come to my relief. If any of you have ever treated, *successfully*, a confluent case of damphoo-ool, please give me your prescription in the BRIEF and help a busy co-laborer.

Free Antitoxin for the Poor.

We see that Representative D. J. Gleason, of Massachusetts, has introduced a bill into the Legislature providing for the "free distribution of antitoxin in cases of diphtheria," the "remedy" to be procured at any hour of the night at station houses, etc. This forcibly illustrates the lamentable effect of popular fads upon those who do not think or investigate. We advise Mr. Gleason to carefully look up, from unprejudiced sources, the record of diphtheria antitoxin, and we think he will discover that the "serum" portion of this compound is the really injurious and dangerous part of it. Friend Gleason, it has long been known that in the carbolic acid which preserves it lies all the virtue of the "antitoxin."—*Antivivisection Monthly.*

Belladonna in Bronchitis.

Dr. Sydney Ringer (*Brit. Med. Jour.*) having long "regarded the mucous expectoration in bronchitis, whether viscid and vitreous or profuse and watery, as rather an increased secretion than an inflammatory product," and used tincture belladonna in ten minim doses three times daily, or oftener, to check secretion and relieve an incessant and troublesome cough, now recommends it also to relieve the bronchitis produced by inhalation of ether, and further suggests that it should be given to "patients who, after aspiration, suffer from an abundant watery expectoration so profuse sometimes, as to kill by suffocation."

Nervous Children.

Dr. J. A. Monser, Latty, Ohio, says Papine is an excellent anodyne, free from the objectionable features of opium, and especially suited to restless and nervous children.

Inquiry Department.

Breathing.

QUESTION:—I should like to know if the breathing of cold air is injurious to the lungs. For instance, if I had a large pipe running from the top of the house into my bed-room, have an arrangement like dentists use over the mouth and nose in giving their patients gas; have this attached to the air pipe and inhale this pure cold air all night, would this be a good thing or a bad one?

2. Is oxygen essential to health? Will it purify the blood and cure disease such as catarrh, etc.? If so, what is the best way of supplying and using it?

3. Will you please tell me the names of all the elements that man is composed of? I have been told that there are thirty-three. Is this true or not? C. S.

Wis.

ANSWER:—Breathing cold air will not hurt the lungs if they are normal, hardy, and accustomed to it, also, provided the nose and throat are healthy, the body warm and there is no draught. A thing that is healthy and useful under one set of circumstances becomes malicious and hurtful under another, so it is not easy to generalize or judge for another. Better use the pipe simply as a ventilator, opening into the room near the floor, where it will not cause a draught, and provide it with a valve or damper to control the current.

2. Oxygen is essential to health, will purify the blood and benefit many diseases due to impure and impoverished blood. The best way to take it is by getting a bountiful supply of outdoor air. The gas is manufactured by chemists, stored in large cylinders, and can be used by inhalation.

3. Oxygen, hydrogen, carbon, nitrogen, silex, phosphorus, sulphur, chlorine, potash, soda, lime, magnesia, iron, a variety of acids, proximate elements such as albumen, fibrin, gelatin, mucus, fat, caseine, chondrin, etc.—ED.

Prostatorrhea.

QUESTION:—Patient, male, aged thirty years, five feet eleven inches high. Weight, at eighteen, one hundred and sixty-three; at present one hundred and forty-eight pounds. Complexion dark; German descent; occupation farming; clerks in the fall. Family history good, excepting grandfather and father died with consumption. Is in easy circumstances. Appetite always good until recently. At the age of eighteen had typhoid fever. After recovery, at times, was troubled in early part of night with face flushing and nervous sensations; latter part of night slept well. Ever since has had ejaculations once to twice weekly. Has never practiced masturbation to any great extent; not at all the last two years. At the age of twenty-seven, spells came oftener and lasted longer, increasing until the present time, when, in the latter part of the afternoon, every second or third day, flushing begins, accompanied by a nervous, uneasy feeling, sleep being impossible in the early part of night. When it does come it is not refreshing, owing to horrible dreams, from which he awakes sometimes screaming and very much excited; sometimes in tears. Sometimes cries while working. Says cannot possibly avoid doing so. When urinating sometimes passes semen. Urine after standing twelve hours contains sediment, white-looking substance. Do not know what it is. It contains no albumen.

Is timid and easily embarrassed. These spells worry him very much, and he fears losing his mind. Finds it impossible to direct his mind on any other line of thought but his present condition. Has been treated by a number of physicians, and taken quite a good deal of medicine, all to no avail. Physicians all advise him to marry, but until recently has been unable to suit himself. At present fears to do so knowing unless a favorable change should follow that he can but make the woman he loves miserable. When in her company feels contented and happy. R. L. G.

Texas.

ANSWER:—The trouble is prostatorrhea, and the head symptoms are reflexes from the diseased gland. Add thirty drops of the German tincture pulsatilla to an eight ounce bottle of Sanmetto, and give a teaspoonful every four hours. Alternate with five drop doses Ergotole to restore the muscular tone of gland. Avoid constipation, and let him marry by all means, as soon as he is well. If there is a condition of phosphaturia, alternate the above treatment with thirty drop doses of Fellows' Hypophosphites t. i. d.—ED.

Deafness.

QUESTION:—Have patient suffering from catarrhal deafness, roaring noises, etc., since attack of pharyngeal grippe in January. Any assistance in this case will be appreciated.

Wis. T. C.

ANSWER:—Give salicylate of soda, three grains in drachm of Ecthol, four times daily. One ounce each Listerine and Hydrozone to four of water, makes excellent spray for nose and throat. Use morning and night.—ED.

Sciatica.

QUESTION:—Your former letters have helped me out so grandly, I am persuaded to make another attack on you. I have a case, a male, eighteen years old, in my hands for eight weeks. Bad case of sciatica of five years' standing. Family history predisposes to rheumatism. Has had three other attacks besides this. At present no temperature, no swelling of parts. Can move limb some and bear a little weight on his leg. Goes around on crutches. Bowels were irregular at first. I have got him in good shape.

My treatment has been deep chloroform injections into muscle near nerve every two days. Abandon at times. Have also tried digital compression of nerve, repeated at intervals for about six treatments. Have tried the salicylates and other anti-rheumatics; also the nitroglycerine one-fiftieth grain, four times daily, with good stimulating liniments to parts thoroughly applied and rubbed twice a day. Kept hips swathed in flannels.

At my last visit I found out he was troubled with seminal emissions which only bothered him since this rheumatism came on. They occur as often as once a week, and sometimes two or three times a week. I have not put him on treatment for that yet.

E. S. DONALDSON, M. D.
Almoral Station, Iowa.

ANSWER: — Try ten-drop doses of tinctures jaborandi and cimicifuga four times daily, with epsom salts to move the bowels and flying blisters to sacrum and along course sciatic nerve. Small repeated doses of tincture lobelia seed and atropine pushed to the limit of tolerance, have permanently relieved sciatica. Constipation and sexual irritation are to be avoided as causes of pelvic congestion. For the emissions use drachm doses of Sanmetto with ten drops Ergotole, four times daily.—ED.

A Word on Vaccination.

I will call the attention of the profession to the fact that occasionally we meet with patients who have an idiosyncrasy to vaccination. Just a few days ago I was passing a railroad station, when a young man asked me to vaccinate him. He was sitting on the corner of the counter. I had taken my scalpel and scarified his arm, was applying the vaccine point when he exclaimed! "Doctor, be in a hurry, I am going to faint." I said: "All right, go ahead with your fainting," and about this time he fell over on the counter stiff as a poker.

We were all alone. I ret ined presence of mind enough to think, "Now, if some one should come in, he might say I was trying to murder the man for his money." So I laid him down on the floor—for this was the best I could do at the time—stepped to the door and called to some men who were loading a car, to come at once. By this time his head was greatly retracted backwards, his eyes set motionless in his head. He lay this way some two or three minut s, when all at once he began to kick, and he kicked like a two-year-old for a short time, then his muscles relaxed, and he commenced sweating a cold sweat. During this time he had very poor circulation. Pulse very small and thready. Surface very cold until reaction set up.

This young man has been a great slave to cigarette smoking, and has had some trouble with his heart previous to this.

Now, have any of the BRIEF readers witnessed anything like I describe this case? Could this be from the effect of the vaccine virus on the nervous system, or was it pure nervo-hysteria? Let me hear from the BRIEF readers and the Editor on this case.

W. J. CUNNINGHAM, M. D.
Commerce, Tenn.

ANSWER:—Think it was hysterical, due to slight shock. Hardly time for virus to produce any effect. Likely had tobacco heart and nerves.—ED.

Obesity.

QUESTION:—What is the cause of excessive fat formation, and have medicines any power to control it? What treatment would you recommend for middle-aged man, weighing two hundred and twenty-five pounds and still gaining? J. E.
Md.

ANSWER:—Heredity, *i. e.*, poorly-organized constitution, weak circulation, and disease of lymphatic system predispose to accumulations of fat. Iodia is a good remedy to reduce flesh. Phytoline has made considerable reputation in this line. Iodia is preferable where there is a rheumatic taint. Cactina Pillets are excellent as a prophylactic against fatty heart. An active life with plenty of fresh air is best for fat people, but they are usually too weak to stand much physical hardship. Horseback is good exercise for them.—ED

Constipation.

QUESTION:—What is the best treatment for chronic constipation in unmarried woman of twenty-eight? Stools dry and pale-colored. Trouble dates from attack of enteric fever three years ago. R. A.
Mich.

ANSWER:—Try fruit breakfast. Eat only apples, oranges, grapes, any fruit in season. After dinner, supper, and at bedtime, give a teaspoonful of Chionia with three grains ammonium iodide. Massage of abdomen and back. Plenty of water.—ED.

Chronic Malaria.

QUESTION:—Little girl, aged ten, has been having chill every other day for over one year, off and on, only missing them for a few weeks when they would return. She was brought to me on March 2d, with the above history.

On examination, I found liver slightly enlarged, and quite tender on the lower border. Spleen considerably enlarged and very tender. Stomach enlarged, and tender upon pressure. The abdomen is enlarged, and puffed to an enormous size, very tender on pressure. The abdomen resembles that of a woman seven months pregnant. Has no fever except when she chills. Looks pale, but fleshy. Sleeps sound. Appetite good. Has been going to school, but I had parents stop her and put her on treatment:

℞ Quininæ Sulph.....30 grains.
Citrate Caffeine.....10 grains.
Acetanilid.....15 grains.

M. Capsules No. 10. Sig.: One every three hours till all were taken.

Then:

℞ Quininæ Sulph.....50 grains.
Pulv. Gentian.....30 grains.
Dried Sul. Ferri.....25 grains.

M. Capsules No. 1. Sig.: One three times a day.

℞ Chionia.....3 ounces.
Nit. Acid.....1 drachm.
Seng.....q. s. ad.....6 ounces.

M. Sig.: Teaspoonful three times a day.

℞ Red Iodide Mercury.....15 grains.
Vaseline.....q. s. ad.....3 ounces.

M. Sig.: Rub in thoroughly over liver and spleen twice a day.

She has had no chill since taking the first prescription, and is taking second, third and fourth now. W. G. BRYMER, M. D.

Foster, I. T.

ANSWER:—Your treatment is excellent. We suggest that you add two Cactina Pillets three times daily, as the heart is plainly not doing its duty. After the liver and secretions respond to the Chionia, give an alterative course of Iodia, half teaspoonful in water after meals.—ED.

Callosities—Hyperidrosis.

QUESTION:—What can be done for a man who suffers very much with callosities (hard corns) on the soles of his feet? In some places there seems to be small specks of blood, *i. e.*, extravasation of blood into the subcellular tissue. Has used soft shoes and *id genus omne* of corn medicine, but without benefit.

2. A maiden lady, of fifty-two, has suffered from neurasthenia. After improving her general health, there appeared a hyperidrosis, I suppose a vasomotor paralysis. Before day and in the evening she gets wringing wet with perspiration. General health, appetite, etc., very good at present. Has taken atropia, agaricin, strychnine, up to physiological effect, but in vain. Arsenic, quinine, zinc preparation, etc., cold shower baths, bathing with solution of chloral, vinegar, astringents, etc., have no effect. The only drug, so far, that has made any impression upon her system is Arsenauro, twenty-five drops three or four times a day.

Will the Editor and the other brethren answer through the BRIEF? MEDICUS.

Tenn.

ANSWER:—Make a saturated solution of soda salicylate in glycerine, and keep the callosities moist with it. An insole of felt or thick, soft leather, with holes cut to fit the callosities will help. Give lemon juice and other anti-scorbutics.

2. Try Ergotole, ten drops four times daily, in alternation with aromatic sulphuric acid. Citrate caffeine will sometimes control this neurosis when everything else fails.—ED.

Sequela of Mumps.

QUESTION:—Female, aged forty-nine, well nourished, and in comparatively good health. Weight about one hundred and seventy-five. Had mumps about three weeks ago from which she suffered greatly. About ten days, or two weeks ago she was taken with pains in both ankles, very tender on pressure, with some swelling, and a tendency to pit on pressure. Swelling does not extend above lower third of leg. A little tenderness above the knees when pressed upon, seeming to be only in spots. No fever, local or general. Ankles seem to be abnormally cool, a slight red spot on inside of ankle joint, very tender. Urine slightly alkaline. I tested for albumen, but did not find any trace.

From this description of case, would like for Editor to give diagnosis and treatment.

Virginia. WM. H. TATE, M. D.

ANSWER:—Give ten grains ammonia benzoate with one of caffeine citrate three times daily, in alternation with five to ten-drop doses of tincture cimicifuga. Apply hot carbolized fomentations to ankles. Move the bowels daily with epsom salts.—ED.

Burning Feet.

QUESTION:—Will some brother in the profession tell me how to cure my burning feet? They burn so bad at night that I can not sleep. Feel as though I had stepped on hot iron and seared them. DR. COBBANNY.

Bardwell, Ky.

ANSWER:—Soak your feet in a basin of water, to which has been added a teaspoonful of acetate zinc. Put five drops each of aconite and ipecac, good tinctures in two ounces water, and take a teaspoonful four to six times daily. If there is any trouble with rectum or sexual organs, give attention.—ED.

Chronic Chills.

QUESTION:—Girl, twelve years old, spare, weight fifty pounds, anemic, has had chills for six months, lately came to me for treatment. Complexion sallow, tongue coated very little, white, with a shade of yellow. No regularity about chills. Come on at any time of day or night. Sometimes will have as many as three in twenty-four hours. Sometimes miss for a day or two. Spleen slightly enlarged. Is up and going quite lively when fever is off. Eats plenty.

Treatment.—Have given her calomel and quinine; no effect on chills. Large doses of gelsemium and quinine had no effect whatever that I could tell. Even the gelsemium had no more effect than cold water. Tried Fowler's solution to no effect. Am now going to put her on acetate of potash. Anyone giving me the key that will unlock the snarl will get many thanks. Would like to hear from brother practitioners and Editor. Long live the frank old BRIEF. I. N. SALISBURY, M. D.

Pyle, Md.

ANSWER:—

℞ Tinct. Nuc. Vom.....2 drachms.
Vini Ferri Amari.....8 ounces.
Chionia.....q. s ad.....8 ounces.
M. Sig.: Teaspoonful three times daily.

Use small, repeated doses of nitroglycerine to control chills. Have the skin well rubbed with alcohol daily to harden the spinal centers. Once a week give copious enema of warm water containing pinch of salt.—ED.

Vertical Headache.

QUESTION:—A lady, thirty-five years old, mother of three children, complains of constant pain in top of head. Have used a variety of anodyne remedies with only temporary relief.

Please suggest treatment. P. W.

Mass.

ANSWER:—Headache is probably reflex from uterus.

℞ Ergotole.....1 ounce.
Aletris Cordial.....7 ounces.
M. Sig.: Teaspoonful three times daily.

If there is a rheumatic element, add half an ounce of a fresh tincture cimicifuga to above mixture. See that the bowels move daily, without pain, etc. If uterus very heavy and prolapsed, a suitable abdominal bandage and drainage tampons are indicated. One part glycerine to three of Kennedy's Dark Pinus Canadensis, applied by saturated pledgets of absorbent cotton to os uteri, vagina loosely filled with antiseptic gauze, the end left hanging, makes excellent drainage for a large succulent uterus.—ED.

Hydrastis for Sore Eyes.

QUESTION:—Having seen in one of the editions of the MEDICAL BRIEF where a physician used hydrastis as an external tonic and invigorator of nerve tissue, I would be pleased with your opinion as to using it in diseases of the eye, especially in scrofulous affections.

My eyes are sometimes affected with sore places which I think are due to scrofula. The lids are, at times, apparently in health, while again, in the outer or inner corners they are sore and irritated. J. M. HAMILTON, D. D. S.

Manchester, N. H.

ANSWER:—Hydrastis is invaluable as a local tonic in torpid and callous conditions of a chronic nature, with tendency to hyperplasia. Where there is irritability, Kennedy's Pinus Canadensis is a better application. Devitalization and diminished sensibility are the indications for hydrastis. Strength of solutions must be adapted to the case, but it is very stimulating.

The internal use of Iodia, half to one teaspoonful in water after meals, will usually effect a permanent cure of scrofulous sore eyes.—ED.

Irregular Menstruation.

QUESTION:—I have a lady patient under my care, thirty years old, has always been regular until a year ago, when, from a sudden cold, her menses stopped, and since that time there has been but a small amount at any time. She looks quite healthy, but she feels almost every disagreeable sensation. Dizziness, so bad at times she can scarcely stand alone, and when in bed feels as though she was standing on her head. Very nervous, especially before menstruation is due. Have given cod liver oil, iron and other tonics. Please tell me what to do.

Leeds, Maine. P. S. LARING, M. D.

ANSWER:—Add one ounce of genuine Bromidia to an original bottle of Aletris Cordial. Give a teaspoonful three times daily, with a double dose at bedtime for a few days. Regulate the bowels. When time for menses appears, send her to bed and apply hot turpentine stupes to abdomen and back.—ED.

Biliary Colic.

QUESTION.—Please give remedy for biliar; colic and oblige. A. E.

Ohio

ANSWER:—Use nitroglycerine one one hundredth grain doses, to relieve attacks, and give sodium phosphate, ten grains, in one drachm Chionia, three times daily, for some time, as a preventive.—ED.

Falling Hair.

QUESTION:—Kindly inform me what is wrong with my scalp. My hair is falling out rapidly, and I herewith send several hairs for examination. My health is good; never been sick; height, five feet eight inches; weight, one hundred and sixty-eight pounds; aged twenty-six years. Hair quite oily, necessitating washing twice a week. No dandruff noticeable on coat collar, but find slightly oily deposit on scalp. Do you know of any good formulæ for restoring the lost hair, or at least preventing further loss? Has resorcin ever been used in a case of this kind? How would Listerine be for my trouble? A BRIEF READER.
Ill.

ANSWER:—Any excess of oil means beginning degeneration in structures which nourish the hair. In your case the hair seems to be reasonably healthy and the trouble is probably a relaxation of the scalp due to poor circulation. Get an original bottle of Listerine, add one drachm of quinine to the contents, shake well, pour a tablespoonful on scalp each morning and night, and rub it in gently but thoroughly. Also take one one-hundred-and-thirty-fourth grain strychnia arseniate three times daily for ten days.—ED.

Premature Emission.

QUESTION:—In looking over March BRIEF, I was much pleased with your advice to inquirers. Now please give me some help. I am fifty-three years old. I abused myself when young, married at twenty-one, am the father of eleven healthy children. The last few years, I find I am failing fast. In intercourse I can not feel the semen escape, and it is no pleasure for me. Any little excitement is followed by immediate ejaculation. I tried Sanmetto once, but it made my penis erect all the time—at night especially. I have two bottles on hand now, and want to commence taking it according to your direction. Please let me know how to take it, and if I ought to put anything else in it. DR. R. W. ANDERSON,
Ark.

ANSWER:—Take one-sixtieth grain strychnia twice daily for one week, and then two Cactina Pillets three times daily every alternate week, and a teaspoonful of Sanmetto morning and night. Use phosphate soda, half to one teaspoonful in glass of water before breakfast to regulate bowels. Avoid sleeping on the back, and occupy a separate bed for six weeks. Regulate your sexual habits according to your time of life, by lengthening the intervals.—ED.

Impotence Following Grip.

QUESTION:—Will the Editor please give me diagnosis, prognosis and treatment in the following case, through the columns of the valuable BRIEF?

Male, aged forty, height five feet nine inches, weight one hundred and eighty pounds. Occupation, farmer and stock dealer. Has ridden horseback a great deal. Three years ago had a bad attack of la grippe. Has had no erection or sexual desire since. More or less lumbosacral pain, extending over region of bladder. Pain in testicles, which are also reduced in size. Appetite good, digestion excellent, bowels regular. Urine normal, except an increase in amount. Physique fine. Enjoys good health otherwise, except for a little mental worry about his condition. Very intelligent. Has had no treatment yet. W. R., M. D.
Md.

ANSWER:—The trouble is neuralgic. There is congestion of pelvis and the lower cord is morbidly sensitive. Give strychnine one-fiftieth grain morning and evening with:

℞ Sanmetto (one bottle) .....8 ounces.
M. Sig.: Teaspoonful four times daily.

Continue Sanmetto until cured.

Cups or blisters to sacrum. No horseback riding until recovery. Apply a good suspensory. No stimulants, tobacco, or food products which act especially on kidneys.—ED.

Brittle Hair.

QUESTION:—What is good for rough, brittle hair which breaks and fades easily?
Pa. JOHN H.

ANSWER:—Try sulphur and bitartrate potash, one part of the latter to three of the former—a small pinch three times daily for its effect on general nutrition. Add a drachm of quinine to a full bottle of Listerine. Rub a tablespoonful into the roots each morning. Wash hair twice a month with egg beaten into dilute alcohol. Rinse well.—ED

Cardiac Neuralgia.

QUESTION:—Please give treatment for angina pectoris and oblige. SUBSCRIBER.
Ohio.

ANSWER:—Give two Cactina Pillets four times daily, with teaspoonful of Iodia after meals. Use Papine to control attacks and apply mustard plaster to back of head and down entire dorsal spine. If patient uses tobacco or tea, stop them.—ED.

Dysenteric Discharges.

QUESTION:—Lady, forty years of age, mother of two children, youngest six years of age. Passes large quantities of blood with severe pains at each stool. On left side over ovary, severe, smarting pains over a spot about the size of a dollar. Limbs weak and trembling. Some headache. Sore all over lower abdomen. Have tried collinsonia canadensis with no benefit. Bloats a good deal. Smothering spells when lying down. Can not lie on left side. Belches a good deal on going to bed. Has dizzy spells. What is the trouble? Please give remedy. SUBSCRIBER.
Walla Walla, Wash.

ANSWER:—Apply large warm poultices of ground mustard and linseed meal over the abdomen and a mustard plaster to back. Give one one-hundred-and-thirty-fourth grain strychnia arseniate four times daily. If there is an ulcer in sigmoid flexure, irrigation of the bowel with a solution of silver nitrate will hasten cure. If the blood is bright and fluid, ulcer is not far to seek.

R Acid. Carbol..... ½ drachm.
Tinct. Iodini Co.....2 drachms.
Glycerini .....1 ounce.
M. Sig.: Ten drops in water every three hours.

—ED.

Disturbed Innervation.

QUESTION:—Patient, male, aged sixty, physical condition fair, is troubled with dizziness, reeling sensations when he tries to walk. Memory is impaired. Very slow in thinking or acting. Have tried a variety of tonics without any permanent benefit. Advice and help solicited.
Ills. R. A.

ANSWER:—Add two ounces of Bromidia to six of Sanmetto, and give teaspoonful three times a day, with a double dose at bedtime. It looks like incipient spinal sclerosis, but may be simply functional. After ten days add tonic doses of strychnine. Keep bowels moving freely.—ED.

Rheumatic Sweats.

QUESTION: Have a patient who is much troubled by sweating. On making slight exertion, or coming into a warm room, breaks into a profuse perspiration which is very weakening. Never sick much except occasional attacks of rheumatism J. S.
Tenn.

ANSWER:—Try tincture cimicifuga, five to ten drops, with drachm doses of Celerina three times daily. Think it is a rheumatic neurosis.—ED.

Gastric Catarrh.

QUESTION:—Please give diagnosis and treatment.

Case, male, aged thirty-two. Stomach enlarged, tender, sore to touch. Weak, hollow feeling. Catch in breathing, affecting speech. Frequent nervous chills, preceded by full feeling in stomach, skin itches, turns red, followed by severe cramp in abdomen. Tongue red. Bowels confined. Eats and sleeps well. Catarrh in head, with slight ringing noises in ears. Premature ejaculations. J. G. B.
Ky.

ANSWER:—Subacute gastro-intestinal catarrh, with spinal neurosis.

Give half teaspoonful doses of Fellows' Syrup Hypophosphites in alternation with drachm doses Sanmetto three times daily. Rub the chest, back and abdomen well with alcohol daily. Use phosphate soda, small teaspoonful in glass of water before breakfast to regulate bowels.—ED.

Pains in Head.

QUESTION:—Can you give a remedy for sharp shooting pains in the head, recurring during damp, windy weather. M. J. F.
Ill.

ANSWER:—Try bryonia, a good tincture, in small, repeated doses, a drop or fraction thereof. Give in conjunction with teaspoonful doses Lithiated Hydrangea.—ED.

Uterine Hemorrhage.

QUESTION:—What is the best treatment for continual uterine flux. Not much blood lost at any one time, but a constant dropping. Patient pale and thin. Have tried the usual remedies. No organic disease or foreign growth.
Mich. J. E. S.

ANSWER:—Would suspect a scorbutic taint. Give her the juice of a lemon three times daily, with small doses of strychnine.—ED.

Orchitis.

QUESTION:—Have exhausted my skill in case of chronic orchitis. Please make suggestions.
Tenn. T. C. E.

ANSWER:—Try Phytoline, Begin with small doses. Alternate with Sanmetto. Wear good suspensory. Immerse glands in hot water two or three times daily for long as can bear it. Avoid constipation.—Ed.

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NERVE STIMULANTS.

Pil. Caffeine Cit., 1 grain.
Dose 1. 40c. per 100.

Pil. Phos. cum Bellad.
℞ Phosphorus .....$\frac{1}{100}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1 to 2. 50c. per 100.

Pil. Ext. Ignatia Am., $\frac{1}{4}$ grain.
Dose 1 to 2. 30c. per 100.

NERVE TONICS.

Pil. Asafœtida Comp.
℞ Asafœtida.....2 grains
Ferri Sul. Exs.....1 grain
Dose 2 to 5. 25c. per 100.

Pil. Asafœtida, 2 grains.
Dose 2 to 4. 20c. per 100.

Pil. Sumbul Comp.
℞ Ext. Sumbul.....1 grain.
Asafetida.....2 grains.
Ferri Sulph. Exsic.....1 grain.
Acid Arsen..... $\frac{1}{10}$ grain.
Dose 1 to 2. $1.00 per 100.

NEURALGIA.

Pil. Neuralgic (Gross).
℞ Quinin Sulph.....2 grains.
Morphin Sulph..... $\frac{1}{10}$ grain.
Strychnin..... $\frac{1}{10}$ grain.
Ac. Arsenious ..... $\frac{1}{10}$ grain.
Ext. Aconiti..... $\frac{1}{2}$ grain.
Dose 1 to 3. $1.00 per 100.

Pil. Neuralgic—$\frac{1}{2}$ size (Gross).
Dose 1 to 3. 60c. per 100.

Pil. Neuralgic (Brown-Sequard).
℞ Ext. Hyoscy.....$\frac{2}{3}$ grain.
Ext. Conii.....$\frac{2}{3}$ grain.
Ext. Ignat. Am.....$\frac{1}{4}$ grain.
Ext. Opii.....$\frac{1}{2}$ grain.
Ext. Aconiti.....$\frac{1}{3}$ grain.
Ext. Can. Ind.....$\frac{1}{4}$ grain.
Ext. Stram..... $\frac{1}{8}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1. 90c. per 100.

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Pil. Hyoscyamine, $\frac{1}{100}$ gr.
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Iodoform Poisoning.

QUESTION:—Can the Editor, or some of the BRIEF readers, give us the treatment for iodoform poisoning? SUBSCRIBER.
Ind.

ANSWER:—Potassium bicarbonate, ten grains every hour, is said to relieve the symptoms following too free absorption of iodoform.—ED.

Rheumatism.

QUESTION: Give treatment for inflammatory rheumatism. Patient can not take salicylate of soda, or any alkalies. J. L.
Va.

ANSWER:—Try Tongaline in conjunction with large doses of salicin.—ED.

Information Wanted.

QUESTION:—An expert inspector of small-pox, an attache of the State Board of Health of this State, claims that chicken-pox can and does sometimes degenerate into small-pox under certain sanitary conditions. Would ask the kind and ever-ready Editor his opinion on this point. E. H. PAYNE, M. D.
Gibsland, La.

Headaches of Growth.

QUESTION: My little girl suffers a great deal from headache. She is large and strong for her age, and apparently in perfect health, but complains of headache every few days. What would you suggest? P. C.
Mass.

ANSWER:—Try Ergotole in five-drop doses four times daily. A hot foot bath is a useful adjunct.—ED.

Toothache.

QUESTION:—What will cure neuralgic pains in teeth? BENJ. J. W.
Wisconsin.

ANSWER:—If the teeth are sound, toothache or sensitive dentine calls for phosphate of lime. If enlarged cervical glands, give alterative course of Iodia.—ED.

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BUT IT MUST BE USED PROPERLY.

Administer in at least a half tumbler of water (three times daily, after meals), beginning with a small dose (say 6 drops), and increasing one drop each day.

Best results are only obtained by pushing Arsenauro and Mercauro to point of toleration in each individual case (keeping the patient as near that point as possible).

The maximum dose varies widely, some patients taking eighty-five drops three times daily, others being unable to reach a dose of over ten drops.

When reaching point of toleration, (manifested by the usual signs, such as puffiness under the lids, loose, griping evacuations, frontal headache, dizziness, tingling of the fingers, etc.), medication should be stopped for twenty-four hours, then resumed with dose slightly less than the one administered when toleration point was reached. Patient should be maintained upon this ascertained limit for a protracted period.

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[Written for the MEDICAL BRIEF.]

Ethpharmal Preparations.

BY J. P. CARRINGTON, M. D.,
Waller Texas.

I seldom write to journals, but seeing good. sound and seasonable articles in the BRIEF, I am persuaded to comment a little.

To commence with, a man to be a good doctor must have good, common (horse) sense; he should not be a dude nor a fool, should learn early to be able to make a good, reasonable diagnosis, be practical, etc.; above all, not given to big words, be plain to his patient, and honest. Next, use drugs that have been tried, tested, and found suitable to be given to sick people—well people need no medicine. I would here like to say a few words on pharmaceuticals, made by reliable firms. The list is many, but a few I wish to state I have practically used to a finish and was benefited and well pleased: for instance, there is Bromidia (Battle) is better and safer than morphia; Peacock's Bromides, better than any other form of potassium salts; Celerina, the brain worker's true friend; Seng, for that poor dyspeptic; Sanmetto, the poor unfortunate with bladder troubles—he finds consolation in its use. Aletris Cordial, the woman's friend; "my sheet anchor in all pains, aches, is Antikamnia." God bless the day it was discovered.

I say kill out morphia and its salts, and institute, or rather insert, in our next pharmacopeia the one word Antikamnia. You gentlemen who will compose the committee, and framers of the same, the above is not, and never will be out of date. I might also mention Hayden's Viburnum Compound, all of which I have used successfully for ten years.

Last, but not in the least of all things in a model doctor is to ever be ready to learn from the teachings of others, remembering he is not the only mud-cat in the tank. Let him keep posted and he will be ready to attend his duties as he should. I wish the Editor of BRIEF a long life of usefulness as in the past.

[Written for the MEDICAL BRIEF.]

Small-Pox.

BY L. O. MCCALLA, M. D.,
Eatonton, Ga.

Having seen a great many inquiries, through the columns of the MEDICAL BRIEF, in regard to the eruptive disease now prevailing in a great many of the States, I wish to say that in the spring and winter of 1899, we had an epidemic of small-pox in our county (Putnam). I had charge of the hospital in which all cases were treated. I also had charge of the Detention House in which all of the suspects were detained. We had seventy-two cases of small-pox. The district infected was an unvaccinated district, therefore, I had an opportunity to see the disease in all of its forms and stages. We had both the confluent and discrete varieties; also variola line eruptions. I had cases that had the disease in the mildest and most malignant forms. Some that were scarcely sick at all, others in the same ward sick unto death.

I also had several children born during the epidemic that had the disease well defined. Number of deaths, seven. List of names that died: Manuel Lancaster, aged thirty-five years; Marion Grimes, aged forty-two years; Mary Lizzie Little, aged eighteen years; Antony Little, aged forty years, and three children.

I had no deaths among patients that had the discrete variety. All that died had the disease in the confluent form. I had the disease myself in a mild form. I have three vaccination scars on my arm. We have now among us, or among the negroes, an eruptive disease, as a general rule very mild, but the disease is undoubtedly, in my mind, small-pox. We have had no deaths as yet.

Doctors, as usual, disagree as to diagnosis, three in favor of small-pox and two against small-pox. In my judgment, the disease we are having in most of the States, from what I have heard and seen, is modified small-pox.

For the Liver.

Dr. Jno. G. Steed, Haw Ridge, Ala., regards Chionia as being a splendid liver medicine

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[Written for the MEDICAL BRIEF.]

Clinical Cases and Methods of Treatment.

BY WILLIAM MURRELL, M. D., F. R. C. P.,

Physician to and Joint Lecturer on Medicine at the Westminster Hospital; Examiner in the University of Glasgow, London, England.

It may, perhaps, interest the readers of the MEDICAL BRIEF to hear something of the clinical teaching in London during the past winter session. London has now become a great clinical teaching center, especially for post-graduate instruction, and the facilities afforded are as great or greater than those to be found in any continental city. During the past six months we have had many visitors from various parts of the United States of America. In former years our guests were simply birds of passage who came for ten days or a fortnight, and then took their departure. But this year most of our American friends have made a long stay, and have become part and parcel of our system of instruction. They have watched our cases in the wards from beginning to the end, and have taken away with them a knowledge of our methods, which I can not help thinking will, in the no distant future, bear good fruit. Most of them are good and intelligent critics, and their terse and salient remarks are keenly appreciated. They have had the few exceptional advantages, for many of our English students have gone to the war in the capacity of dentists and clinical clerks, and at the Westminster Hospital we have been glad of the extraneous assistance which has been afforded us. This condition of affairs will probably continue for many months to come. Many of our American graduate visitors are working for English qualification, so that on their return home they will have something substantial to show for the trouble and expense which they have incurred. The expense, it may be mentioned, is by no means a serious consideration, for most of them take out a "fellow ticket," which costs only seven pounds, seven shillings, or about thirty-eight dollars for three months. They are treated in exactly the same way as the ordinary English student,

and receive the same instruction. With regard to the cost of living they can do very well, including board and lodging, on thirty shillings, or about seven dollars a week. Some of our own men probably manage on less, but for a stranger this may be taken as a fair average. If, by chance, our American friend is anything of a sportsman, he has no difficulty in going to the cricket and football clubs, and taking part in other forms of recreation and amusement.

It is not possible for me to give any detailed account of the demonstration and cases which, from time to time, have been systematically investigated, but I may briefly indicate a few points which have recently been brought under our notice. The diagnosis between

CANCER AND CIRRHOSIS OF THE LIVER

is not one which, as a rule, presents much difficulty, but there are cases in which, for a time, a doubt may be entertained, as in the following instance:

W. P., aged forty-three, was brought to the hospital on November 13, 1899, with a history of having passed blood with his motions. It was noticed that he was slightly jaundiced, and on a cursory examination it was found that his liver extended about two inches below the umbilicus. Soon after admission he passed two motions consisting of a little light-colored feces mixed with about a pint of bright red blood. It was thought that he might have cancer of the liver, secondary to a malignant growth in the rectum.

A rectal examination was made under an anesthetic, and a mass of internal piles was detected, but nothing presenting the signs of a malignant growth. The prostate was enlarged, and the question of that being the primary seat of the disease was discussed. This view was negatived on the ground that cancer of the prostate is a disease of later life. A more careful examination was then made of the liver, and it was found that it was uniformly enlarged, and that no nodules could be detected. The diagnosis of hypertrophic cirrhosis was then definitely made. The patient at first denied any alcoholic history, pointing out that he had held a responsible position for many years, and urging that if he had been addicted to drink his services would not have been retained. Later on he admitted that he had been in the habit of taking a good deal of beer varied with rum when the day happened to be cold or damp. He had had three attacks of gout, but stated that he had not suffered from syphilis. It was quite clear that he was perfectly well up to four months before admission, when he first noticed blood in the motions. He had continued in active employment until within seven weeks of admission. His temperature was always above normal, varying from 99.6° F. in the morning, to 102.8° F. in the evening. The urine had a specific gravity of 1.025, and contained bile pigments. The hemorrhage from the bowels was checked by rectal injection of liquor hamamelidis. He was ordered large doses of iodide of potassium, with inunctions of calomel ointment night and morning. His liver rapidly decreased in size until the lower edge was well above the umbilicus. This was followed by ascites, and the patient passed into an apathetic condition with increased jaundice. He died on December 14th, after an illness of five months' duration.

At the post-mortem examination the liver was found to weigh four pounds, eleven ounces. It was wrinkled on the surface, and tough on section. The color was not yellow, as is ordinarily the case with cirrhosis, but slaty. On microscopical examination it was found to be a very fine framed variety of multilobular cirrhosis. The gall-bladder was dilated, and pressure failed to expel any bile from the duodenum. The common bile duct, when slit up, was found to be contracted, but appeared normal. The spleen weighed nine ounces, was firm, and of a brightish red color; capsule thickened. The kidneys were normal, except that the left was provided with two ureters. The cecum (filled with gas) was dilated into a pouch eight inches long, and eight inches or more in circumference.

Difficulties in diagnosis have often to be contended with, and this is especially the case in lesions involving cranial nerves. The following is an example:

FRACTURE OF THE BASE OF THE SKULL—MENINGITIS—PROPTOSIS WITH CHEMOSIS—OPERATION—SPECIFIC TREATMENT—RECOVERY.

L. E., a married woman, age thirty-eight, was admitted on February 6, 1900, with the following history. On the third or fourth Sunday in October, whilst on a visit to her married daughter, and in a house with which she was not familiar, she misjudged the length of the landing, and fell downstairs, striking her head violently against the wall. She was picked up insensible, and remained in this condition for five days. She was told that there was bleeding from the mouth and ears. On regaining her senses she found that she was unable to move the left side of the face or to speak distinctly. On attempting to walk she could move her legs readily, but she was uncertain in her movements, and staggered from side to side. Her hands and arms were unaffected. About a month before admission she experienced sharp shooting pains in the left eye, and a few days later noticed that the eyeball seemed more prominent. The condition gradually got worse, and she came to the hospital.

On admission it was found that on the right side there was paralysis of the sixth, and on the left there was paralysis of the seventh, with complete loss of hearing. The eyeball on the left side was very prominent, and in addition to the proptosis, the movements of the eyeball were much curtailed, and there was extensive chemosis of the lower palpebral conjunctiva. There was no optic neuritis. There was no paralysis or loss of power in either the upper or lower extremities.

This combination of symptoms was by no means easy to explain. She had paralysis of the sixth on one side, and paralysis of the seventh and of the eighth, probably of both branches on the other, and in addition to this there was the proptosis. This clearly could not be accounted for by any one single cerebral lesion. The most probable explanation seemed to be that as the result of the fall she had fractured the base of the skull, and that this had been followed by basal meningitis. The difficulty in walking was due to the injury to the eighth. It will be remembered that the eighth, or Auditory nerve, consists of two sets of fibres—the cochlear, which subserves the function of hearing, and the vestibular, which supplies the vestibule and semicircular canal, and is the nerve of equilibration. The proptosis which came on later than the other symptoms was evidently an independent affection, and was due to a neoplasm. What was the exact nature of the new growth was not quite clear, but the probabilities were in favor of its being a syphiloma. There was no history of syphilis, but she had had eleven children, of whom eight died young.

A few days after admission the patient having been placed under gas and ether, two linear incisions were made by Mr. Hartridge at the junction of the conjunctiva with the lower lid, and one at the junction of the conjunctiva with the upper lid. No pus exuded at the time, but after the application of fomentations, there was some on the dressings. The chemosis rapidly subsided.

The patient was now placed on iodide of potassium, the dose being rapidly increased from five grains to a drachm three times a day. This caused her some inconvenience, but the treatment was kept up steadily for three weeks. The proptosis rapidly diminished, and by March 14th, when the patient left the hospital at her own request, had practically disappeared. There was very little improvement in the facial paralysis, and there was no restoration in the functions of the sixth and eighth. These nerves were evidently too deeply implicated by the meningitis for treatment to prove of any avail. The case is an interesting one as a study of cranial nerve lesions.

Questions of treatment naturally receive a large amount of consideration, and the record of a very simple case of

ACUTE CHOREA TREATED WITH LARGE DOSES OF ARSENIC,

may be taken as an illustration:

This is the record of an attempt to treat a case of acute chorea according to Murray's method. Dr. Wm. Murray, of Newcastle-on-Tyne, England, in his excellent and most suggestive "Rough Notes on Remedies," advocates the em-

ployment of fifteen drops of liquor arsenicalis—the liquor potasii arsenitis or Fowler's solution of the United States Pharmacopeia—three times a day in all cases of chorea in children. He insists that it should be taken with food, that is, in the middle of a meal. If it does not cure the patient in a week it must be dropped, as the toxic action of the drug would show itself. In this particular case we did not strictly follow Murray's directions. We gave too small doses, and kept up the treatment for too long a period. In a large number of other cases, where we have commenced with fifteen minim doses, no inconvenience has been experienced, and there has been an almost immediate improvement. The old-fashioned idea that patients with chorea got well just as quickly on rest and feeding and without the administration of drugs is now exploded. The duration of the attack is immensely shortened by giving arsenic.

There would be no advantage in giving the details of a large number of successful cases—of these there have been abundant examples—but it is interesting to note this exceptional case, as it affords an illustration of the fact that if Murray's method is followed the rules laid down by him must be strictly observed:

Ada W., aged six, was admitted on November 6, 1899, with chorea of some weeks' duration. It was her second attack, the previous one, for which she had been in a hospital, having lasted four months. Her symptoms now were perfectly typical, and need no description. There was a mitral systolic murmur. She was kept in bed and given plenty of good food. Visitors were not admitted. On November 12th she was started on one minim of liquor arsenicalis three times a day, and the doses were gradually increased as follows:—14th, two minims; 15th, three minims; 18th, four minims; 21st, five minims; 23d, six minims; 27th, seven minims; 30th, eight minims. December 6th, nine minims; all three times a day after meals. There was no improvement in the patient's condition until the nine minims dose was reached, but a few days later the movement had practically ceased, and on the 15th the treatment was discontinued. On the following day she vomited eight times, there was a copious loose motion, and she complained of pains in the abdomen. On the 15th she vomited only once, but on the 16th she was sick nine times between seven and eight o'clock in the morning. She vomited twice after her dinner that day, and that was the last of the symptoms of arsenical poisoning. There was no dermatitis or pigmentation, there was nothing characteristic about the tongue, and the patellar reflexes, although slightly diminished whilst the patient was under treatment, were never lost.

New drugs naturally receive our share of consideration, and we find it desirable, with certain limitations, to investigate the properties. Many years ago I introduced permanganate of potassium and binoxide of manganese as remedies for functional amenorrhea. Both these drugs are still in common use for this purpose. Chemists, however, are constantly preparing for us new salts, and they have recently placed at our disposal a soluble citrate of manganese. This seems to have much the same properties as the old manganese salts, but it is free from some of the disadvantages which attended their administration. The following cases illustrate this:

Cases of Amenorrhea Treated with a New Salt of Manganese.

E. G., aged twenty-five, a nursemaid, was admitted November 9, 1899, for anemia and amenorrhea. She stated that her illness commenced seven years ago, when she noticed that she was very pale and was losing strength. She improved somewhat when taking iron pills, but suffered from three or four attacks of anemia every year since. She was well fed, had plenty of outdoor exercise, and was not overworked. For a fortnight before admission she had been much more anemic than usual, and found it impossible to continue her work. Her menstrual history had been uniformly unsatisfactory, and it was not unusual for her to go from three to five months without seeing anything. There was no leucorrhea; she was not preg-

nant, and she was not constipated. The blood was of fair color, but appeared to be thinner than normal.

The red corpuscles were 4,520,000 per cmm., and of normal shape and appearance, but pale.

The colorless corpuscles were 7,500 per cmm., consisting chiefly of finely granular oxyphile polynuclear cells and lymphocytes.

There was, therefore, no oligocythemia, and the condition was one of uncomplicated oligochromemia.

It was thought that if the patient's menstrual condition could be restored her general health would improve. Good results would, in all probability, have been obtained from senecio or from binoxide of manganese, or permanganate of potassium. It was determined, however, to give the manganese in the form of the citrate. For the first fortnight no active treatment was resorted to, in order that the possible effect of expectation, rest and change of diet might be eliminated. On November 25th, the patient was ordered five grains of the citrate of manganese three times a day. On December 4th, she commenced menstruating—the first appearance for nine months; the period was very profuse, and continued for two days and a half. The patient stated that she felt better and stronger, and a few days later left the hospital.

J. T., aged nineteen, a nursemaid, was admitted November 7th, also for anemia and amenorrhea. Her case was an almost exact counterpart of the previous one. She had been very anemic for nearly two years, and for eighteen months had been living at home doing nothing. She had never been quite regular, and for seven months the catamenia had been absent. There was a considerable amount of edema of the lower extremities, but she was not pregnant, and there was no albumin in the urine. There was no leucorrhea.

Red blood corpuscles 3,830,000 per cmm.

The colorless blood corpuscles were 3,000 per cmm., chiefly lymphocytes and finely granular oxyphile polynuclear leucocytes.

It was a case of oligocythemia with considerable oligochromemia.

The patient was ordered five grains of dried sulphate of iron in pill three times a day, with a drachm of sulphate of sodium in hot water every morning. This was continued for a fortnight, but although she improved in strength and color, the menstrual function was not restored. On November 28th, she was ordered five grains of citrate of manganese three times a day, the dose being gradually increased until December 8th, when she was given fifteen grains four times a day. On December 13th, she menstruated, the period lasting for two days. Four days later she left the hospital at her own request. As far as I am aware these are the first cases of amenorrhea treated with citrate of manganese. The effect was prompt, and the soluble citrate seemed to have certain advantages over the insoluble binoxide, and the caustic permanganate.

[Written for the MEDICAL BRIEF.]

Vomiting of Pregnancy.

BY MOFFAT FLYNN, F. R. C. S. EDIN.,
Bay City, Mich.

The following is the treatment summarized:

1. Rest in bed.
2. Coffee in morning, fasting two hours before rising.
3. Liquid food, especially milk and lime water (equal parts), beef juice, egg albumen; add tincture opii and hydrochloric acid, diluted.
4. Drugs, orexine, tannate, the best; commence with four grains once daily, then twice daily, and increase to five grains three times a day; cocaine, four per cent solution, ten minims every three hours—give only four doses. Ingluvin, twenty-grain doses, sixth hour. Drop doses of ipecac wine or Fowler's solution.
5. Lavage of stomach.
6. Rectal alimentation.
7. Dilating cervix useful; painting os with cocaine, ten per cent, to ease the pain of dilatation.
8. If drugs fail, washing out the stomach and rectal feeding the best.
9. If all these methods fail, and woman losing strength rapidly, upon consultation empty uterus.

[Written for the MEDICAL BRIEF.]

Menstruation.

BY BYRON ROBINSON, B. S., M. D.,
Professor Gynecology in the Chicago Post Graduate School of Gynecology and Abdominal Surgery.
Chicago, Ill.

(Continued from page 689.)

Menstruation, as one of the links which completes the sexual monthly cycle, no doubt depends on ovulation for its integrity, for if ovulation were destroyed it would necessarily disturb the fine nervous balance of the whole sexual apparatus. But ovulation is a life-long progressive process (*i. e.*, during the life of the ovary), while menstruation is concomitant with reproduction or sexual life. Menstruation in time ceases after pathologic processes or castration has existed for some time. But undoubtedly this is due to lack of nourishment or atrophic changes. Menstruation ceases during gestation, and also may cease during lactation. But we can not assume that ovulation ceases. There is no doubt that ovulation is retarded, held in abeyance, on account of the preponderating flow of blood to the uterus, and in lactation to the tendency of blood toward the mammæ. Menstruation during pregnancy is an abnormal matter. There are insufficient grounds to claim that when menstruation returns during lactation that it is a symptom that ovulation has again begun. In fact, there is not sufficient data that ovulation ever entirely ceases until the ovarian tissue be worn out. Normal menstruation is not a certain sign of normal ovulation, for many of the patients of the author, and those of Dr. Lucy Waite, menstruated regularly and profusely many months—yes, eighteen months subsequent to castration, and also removal of the oviducts.

Menstruation influences ovulation from the fact that during menstruation the ovaries are highly congested, and hence hastens the maturation and rupture of ova.

The maturation and rupture of a single ovum does not produce menstruation or bleeding. Doubtless thousands of ova mature, rupture, and become absorbed by the peritoneum during the intermenstrual phase. The ovum which accompanies the regular menstruation (the ovum tauto-meniale) doubtless is matured and ruptured during the premenstrual phase, *i. e.*, two to three days before the flow of blood. This one act of ovulation (maturation and rupture) does not create menstruation. It is the whole process which must be studied. The periodic swelling of the endometrium must be taken in account as the heraldic factor that it is ready for a mature ovum, but in man there may be no mature egg ready. Man's social relations, erect attitude, and forcing reproduction out of serous, changes matters.

It is evident that menstruation is to prepare the endometrium for the reception and gestation of an ovum. Hence the essential changes in the menstrual process occur in the premenstrual phase. Regeneration of lost epithelia occurs when the ovum tauto-meniale dies. The same regeneration process follows the expulsion of a premature fetus, or the placenta at normal birth.

The important deductions from the study of menstruation is that ovulation must progress to insure the continuation of menstruation. Also, that a small portion of ovarian parenchyma is sufficient to maintain ovulation and consequent necessary stimulation for menstruation. This suggests two prime facts, viz., (*a*) that the ovary is the central and essential sexual organ of females, and should never be sacrificed if avoidable. The uterus and oviducts are the appendages of the ovary. (*b*) That when extirpating ovaries sufficient ovarian parenchyma should be retained to sustain the menstrual process.

The ovary is a closed gland, like the spleen, thymus adrenal, and its secretion is necessary for the animal economy, hence, a part of the whole should be retained. Whether the ovaries ovulate alternately each month is not known, as the natural history of an ovum is still unknown. Menstruation is dependent on the integrity of ovulation. Ovulation is not dependent on menstruation. In congenitally or artificially absent uterus, or in defective development of the uterus, ovulation may progress.

In congenital absence or defective development of the ovary the uterus is almost always defective, and menstruation also defective, or mostly entirely absent. Removal of the ovaries is sooner or later accompanied by cessation of menstruation; two years appears about the limit.

Sufficient clinical data exist to indicate that healthy women may possess ovulation without menstruation.

The entrance of menstruation occurs in hot zones between eleven to fourteen years, in moderate zones between thirteen and sixteen years, and in colder zones between fifteen and seventeen years. The race peculiarities play a role. Most women menstruate every twenty-eight days, once every lunar month. Others, healthy, menstruate every twenty-one or twenty-four days. The menstruation ceases from forty-five to fifty years, and the woman begins the post-menstrual life. The object of the menstruating phases, *i. e.*, the premenstrual, intramenstrual, post-menstrual and intramenstrual, is to prepare the uterine mucosa for the reception and gestation of an ovum. The above description of the four phases of menstruation is a roughly cut plan to fix in the mind the menstrual phases in the endometrium.

If menstruation be evolved from oestrus or the rut in mammals it has made considerable change. The female animal solicits the male in œstrus. The woman shuns the male in menstruation.

The anatomic basis of menstruation is a regular periodical recurrent process or development of the endometrium. The physiologic base must rest in the nervous system. The establishment of the menstrual cycle, the regular periodic development of the endometrium may be the signal for endometritis to assert itself on account of the vulnerability of the organ, it is a vast gland.

Menstruation is the first test (function) of a woman's genitals, whether they are perfect, anatomic or physiologic.

In menstruation the changes occur in the vessels. The walls of the endometrial capillaries are exceedingly thin, and when highly distended, blood corpuscles pass out of their walls.

The changes which occur in the endometrium during menstruation are chiefly of a mechanical nature, consisting of: (*a*) partial destruction of the interglandular cells, (*b*) destruction of the epithelia through blood pressure, etc., a fatty degeneration of the cells.

As dysmenorrhea membranacia is a very unfortunate name, dysmenorrhea exfoliativa represents the condition better, and finally both might be displaced by the term decidua menstrualis.

The decidua menstrualis represents a cast of the internal cavity of the uterus. The endometrium may become partially detached, and several layers of it expelled. In endometritis exfoliativa or decidua menstrualis the majority of authors claim that microscopical section shows endometritis.

The disturbances and variations of menstruation can only be indicated; vicarious menstruation means that the bloody secretion may occur (*a*) on other mucous membranes than the uterine mucosa, as the nasal or intestinal mucosa (*b*) on the skin.

The vicarious menstruation occurs mainly with absence or defection development of the uterus. Non-visible menstruation (menstruato-occulto) may be accompanied by the usual symptoms of the monthly rhythm, as pain in the back, swelling of the breasts, although no genital flow occurs.

Amenorrhea is a condition where no flow occurs. This state is apt to exist in (*a*) tuberculosis, (*b*) excessive obesity, and (*c*) in gestation and lactation.

Dysmenorrhea means a painful flow, and chiefly rests on (*a*) myometritis and (*b*) non-development.

Menorrhagia is an excessive flow at the monthly period. The chief causes are: (*a*) polypus or myoma, (*b*) endometritis, (*c*) adenoma or malignancy and (*d*) growing pelvic tumors and their pressure.

Metrorrhagia is a genital flow in the intramenstrual phase. Menstrual exfoliation (exfoliatio-mucosa uteri menstrualis) is a condition when almost the entire uterine mucosa is expelled during menstruation.

Premature menstruation (menstruatio-precox) is unusually early menstruation, arising in children of a few years old.

It is due to premature development of the genitals; early menstruation means late menopause, on account of well-developed genitals, vigorously supplied with a large nerve and blood supply.

Retarded menstruation (menstruation tarda) is a condition when the subject menstruates unusually late in life, as eighteen or twenty years of age. It rests on (*a*) non-development of uterus, oviducts (perhaps the ovaries), (*b*) inflammation (especially myometritis), which checks growth, and (*c*) on defective general nourishment. Such subjects suffer chiefly from dysmenorrhea and sterility.

It may be asked, how does a young woman acquire endometritis and myometritis, which causes dysmenorrhea? Excluding a gonorrheal origin, the answer is: By (*a*) stagnation of secretion, (*b*) the opening up of the passage by the menstrual discharge, (*c*) the dust from the atmosphere and infection from clothing, (*d*) manipulation or masturbation, and (*e*) from disturbed secretion by reflex action, as for example, in rectal pressure.

In my clinics I have noticed three classes of patients with regard to menstruation, viz.: (1) the girls with the precociously developed genitals, (2) the one with the deficiently developed genitals, and (3) the fleshy and tubercular girl with irregular menstruation. The first class are precociously developed in general, but especially in the genitals. They begin to menstruate early. In the beginning they flowed profusely and regularly, but as time went on they soon became irregular and scanty in their menstruation. They soon became chlorotic, though such girls are often plump and good looking. They have what Mr. Tait calls "adolescent anemia." Defective blood and malnutrition soon become manifest. They complain of breathlessness and palpitation. One can hear heart murmurs on physical examination. They have edema and a pale countenance. Such chlorotic anemic girls generally live in large cities. They are a product of defective living in crowded towns. Few are found in the country, for residence in the country, with rest, will generally cure them in a year.

Premature genital development may be considered the cause of trouble among such girls. Even when they are anemic they will frequently become pregnant, though their menstruation is irregular. Their lymphatic glands are well developed and well padded with fat. The sympathetic nervous system seems well (and probably too well) developed, but it does not maintain its early, precocious vigor. These girls complain of constipation and irregular appetite. The red corpuscles are deficient in oxygen, and deficient in relation to other blood constituents, white corpuscles and plasma. It might be said of such girls that their blood-vessels are too full—that they are excessively vascular. But whether their headaches and eye troubles are due to anemia or to congestion of the brain, is so far unsettled. It seems probable that modern civilization is responsible for most of the chlorotic anemic girls. This class have a late menopause. They generally recover from menstrual disorders before the age of twenty-five.

The second class of disordered menstruation represents deficient or arrested development. They begin to menstruate late, say at seventeen or eighteen years of age. The commencement of the flow is frequently painful. The pain is probably due to endometritis or myometritis. The menstrual discharge is frequently irregular, scanty, and lasts but a few days. The genitals are frequently defective or very small. In this class is found the infantile uterus.

These girls are not apt to become pregnant. They have a premature menopause. They are always in trouble, and therapeutic measures generally fail to relieve. Some pathological process, embryonal or post-natal, has caused deficient genital development and made them a burden to themselves and useless to society.

A third class of disordered menstruation is found in the fleshy and tubercular girls—both subjects of debility, the nervous system having been so burdened by degraded fat or exhausted by the irritation of tubercular bacilli that it can not initiate and sustain regular menstruation rhythm.

In general consideration of the menstruation function, we may conclude that menstruation is a nervous phenomena. It is a reflex act, originating in the mechanism of the nervous system. But we must have normal genital apparatus, a normal nerve apparatus (automatic menstrual ganglia), and a normal blood supply. The rhythm of menstruation belongs to the sympathetic nervous system. This system is distributed to the blood-vessels, the glandular system, and the viscera.

Hence, in the menstrual rhythm the vascular system will be affected. The cardiac ganglia, I think, share activity with the automatic ganglia as well as other visceral ganglia.

Arterial tension is augmented and the rhythm of the pulse is stronger. The whole arterial system is disturbed, as may be noted in paling and blushing, in cerebral congestion and anemia, in dizziness and headaches.

The whole glandular system is stimulated; the lymphatics are more distended; the digestive, bronchial, sudoriferous and vulvar glands secrete more actively, producing, for example, a diarrhea, or an odor from the vulvar glands. Pigmentation is increased around the eyes, on the nipples, on the genitals, and on the face and neck, the region supplied by the fifth nerve, which has eight sympathetic ganglia, and explains the facial acne during menstrual life. The viscera are also disturbed in function. Every viscus has its own automatic nervous ganglia, and so far as I can observe, most of the viscera share in the disturbance of any one viscus by reflex action. Hence, in menstruation one can observe the automatic renal ganglia, the digestive (Auerbach's and Meissner's plexuses), cardiac and hepatic ganglia sharing in the maximum physiological activity on the automatic menstrual ganglia. In general, the glandular system, the vascular system (artery, vein, and lymphatic channels), and the visceral systems are all stimulated by the setting in motion of the automatic menstrual ganglia. The maximum point of rhythm in the automatic menstrual ganglia induces rapid physiological activity among all other automatic visceral ganglia.

The voice and the tonsils share in the menstrual rhythm. The centers of the cord and brain are under a state of tension, ready for any physiological disturbance. Fright and emotion will interrupt, even for long periods, the automatic menstrual ganglia, and prevent their regular rhythm. In pregnancy and nursing the menstrual rhythm may be so feeble that the weakened peristalsis is unable to float an egg through the tube, from lack of secretion, and thus no discharge is produced.

The source of the menstrual discharge is from the uterus and oviducts. My authority for this assertion comes from the study of the oviducts of animals during œstrus or rut, and of human oviducts at menstruation while the woman is approaching the time of the flow or emerging the menstrual rhythm. I have had opportunity of observing frequently—both in my own operations and in witnessing the operations of others, especially of Mr. Lawson Tait.

Several years ago I presented some views on the subject of contorted, spiral or convoluted oviducts. In many women I have observed peculiarly twisted oviducts, and sometimes I have found a band of tissue running along the upper border of the oviducts. This band I have named tenia tubæ. It is much shorter than the oviduct itself, and resembles the bands along the colon known as tenia coli. These twisted oviducts are the result of arrested development. In the fetus the oviducts lie coiled and spirally twisted. All the animals which I have examined —man, ox, cow, sheep, dog, pig, and horse—had tortuous or twisted oviducts in fetal life. These peculiarly contorted and twisted oviducts may be a reversion of fetal life, a return to early existence.

I have stated that the oviduct is made up of two muscular layers. The circular layers do not engage so much in gestation, and probably not in menstruation as the longitudinal layers. Now, when gestation is completed, the longitudinal muscular layers of the oviducts involute irregularly; they have subinvolution, and the result is convoluted, twisted oviducts.

(To be continued.)

[Written for the MEDICAL BRIEF.]

A Chartered College Graduate is Legally Qualified—Shall a Doctor be Robbed Because He Has no Sense?—Many Come from Colleges in Good Standing—Presumption of State Boards in Regard to Medical Colleges—The People Never Asked for the Medical Practice Acts.

BY R. C. BAYLY, A. M., M. D.,
Decatur, Ill.

[Paper 6.]

I have shown in the foregoing papers that the Medical Practice Acts are unconstitutional; that the police power of the States, like the constitutions, legislatures and courts of law, must all exercise their political and legal powers in subserviency to the National Constitution; and the report of the *Chicago Record* shows that the Practice Act is a public nuisance, but in order that such class legislation be more fully exposed, it is proper to make some remarks on the origin and ruinous effects of such legislation upon the rights and liberties of the people.

All class legislation, however bad it may be in its application and despotic in its inception, is, without exception, called for in the name and for the protection of the people. It is not denied even by its friends and supporters that medical legislation is class legislation; that its primary effect is a financial gain to those who work for it, and not to the body of the people. The advocates of it argue that it is justified on the ground of public policy; that it is the duty of the State, in the exercise of police power within constitutional limits to protect the health, lives and property of its citizens. That this principle is the basis of all legislation there can be no doubt, but when it is proposed to apply the same principle of criminal law to individuals who are not chargeable with infringing the rights of others, and when, by any pretence of justice, it is possible to fine and imprison a citizen of the United States for doing a good act because not especially licensed by the State to do it, I tell you it is high time for all patriotic men and women to enter a protest that shall be effective. The Medical Practice Acts of Indiana and Illinois have made such fines and imprisonments not only possible, but their victims can be counted by the score.

Since the civil war I have carefully observed the methods adopted to secure the enactment of medical laws, and their practical application, and during that period I have not known of one instance where such laws were enforced for the protection of the people. Such laws are always championed through the Legislature by political scoundrels in the interest of some nefarious combination or trust directly opposed to the welfare, and at the expense of the people and to all free government. The people do not want protective laws for roguish combines that are crushing them down to a life of poverty and slavery. I am glad that the people are beginning to see why and how they came into existence. There is a principle of common politeness and decency recognized by all good men, and especially should be by our courts of justice. The laws of all nations not wholly depraved in a political point of view adopt the principle that a man shall be held innocent until proved by process of law to be otherwise. The very idea of trial implies as much.

In theory, at least, this is acknowledged by all civilized nations. The State Boards of Health ignore this time-honored principle, and when a doctor from another State comes into Illinois or Indiana and begins practice, unless he first pays a cash tax to the Board for a license, he is threatened with police force, and often arrested, fined and imprisoned. And yet, if he is legally authorized to practice in the State from which he came, he has an equally perfect right to practice in Illinois and Indiana. So says Daniel Webster and Chief Justice Story. These great commentators on constitutional law, on the status of physicians in the United States, emphatically declare in effect that if a doctor has legal authority to practice in any one State he also has authority to practice in any other State of the Federal Union. But at this point the hue and cry of billings-

gate is, that the doctor graduated from a college that is "not in good standing." Suppose that the college is not in good standing, what will you do with it? Is it any of your business as long as the public peace is maintained and the doctor is a law-abiding man? If he violates the law, let him be dealt with as other offenders and not rob him of his rights as a citizen under pretext of law, as it is done under the Medical Practice Act. Deal with him upon the principles of legal justice.

The college from which he graduated was legally chartered by the State, and his diploma is therefore a legal public act and record of the State from which he came. There is one of two things the officers of the Practice Act may and can do. Let the doctor practice his profession according to his authority guaranteed by the supreme law of the land; the other thing to do, but not by any decency or law, is to give him notice, then arrest, fine and imprison him, though an innocent citizen who should have the protection of the laws of his country.

But how do the officers of the Practice Act determine that the college is "not in good standing?" Who gave them such a broad and comprehensive knowledge of medical science enabling them to fix the rights and standing of colleges and the medical profession of other States? What brassy, arrogant assumption! It is said the Legislature, and not the officers of the law, is to blame.

But what do you suppose an enlightened man would say if asked to execute the Practice Acts? He would refuse and exclaim, "I am in the land of Washington, I came from Bunker Hill."

I am glad that the public sentiment, and the press, and the courts of justice, now plainly indicate enough devotion to free government and a decent sense of public respectability to ignore all such men and measures. The "Public Acts and Records" of each and all the States must have the support of all patriotic and law-abiding people; and, therefore, medical colleges chartered by any and all the States have constitutional recognition, even if it be proved that they were not the best and most enlightened colleges in the Union. They are legally chartered and authorized to educate and make doctors, and they have the sanction of the supreme law of the land. To assert that they are "colleges not in good standing," assumes to know more than the people of other States, which is false in the extreme. But for the sake of argument, suppose that graduates of colleges in other States are not competent to practice medicine, is that anything more than what is matter of fact with thousands who graduate from first-rate colleges? In a practice of thirty years I have been in consultation with many physicians who were M. D.'s from seats of learning standing high in the literary and scientifie world, but they were doctors who had no practical knowledge to amount to anything when they were at the bedside of the sick. They were entirely without the proper ability to do anything of professional worth.

Besides, is it lawful to rob a man of his rights as a citizen, with which other States and colleges have invested him, because he has not sense enough to practice medicine, or because he is not a successful doctor? The people will soon find it out, and like all doctors and all men in other pursuits of life, he will stand or fall according to his merit or demerit. This is just as it should be. It is the great principle at the foundation of all free government that merit shall win, and to interfere with it, as the Practice Act does, is to give aid to despotism.

Then we are asked what shall be done with disreputable men and impostors in the practice of medicine? What shall be done with bad men and impostors in the Christian ministry? What shall be done with bad men and impostors in the legal profession? What shall be done with all other public officials who are rogues and impostors at the public expense?

The State Board of Health has no more authority to regulate the practice of medicine than it has the common business of any other class of people in the State. The State, in the exercise of legislation and police power, has no authority whatever to deprive a citizen

of the United States of the right to freely engage in the business of his choice, provided, that the rights of others are not infringed. When personal and individual rights are taxed by burdensome or expensive conditions of legislation, as the Practice Act, it is a usurpation which can not and will not long be tolerated in a free country.

Mr. Webster said, "The first object of a free people is the preservation of their liberty, and liberty is only to be preserved by maintaining constitutional restraints and just divisions of political power."

It is impossible to enjoy liberty in its fullness if the people in their government are not independent in the prosecution of legitimate business for a livelihood. The country must have what the Greeks called autonomy. This implies, not only freedom from all outside political pressure, but also that civil liberty requires firm guarantees of individual liberty. The liberty of self-government consists, in a great measure, in politically acknowledged self-reliance and self-determination in the various minor and also the larger concerns of life as well.

In a word, self-government consistently carried out and applied to the realities of every-day life—a self-government that is founded on the willingness of the people to take care of their own affairs, and the absence of that disposition which looks to the State government for everything, as well as on the willingness in each citizen to let others take care of their own business affairs. The proper amount of government is all right and necessary, but too much government is a great evil and, perhaps, will breed revolution or despotism.

This principle of personal liberty can only exist where the general influence of State interference is absent. Self-government in a free country means everything for the people, and by the people considered as the totality of organic institutions, constantly evolving in their character, as all organic life is, but not a dictatorial multitude. The Medical Practice Act is the dictatorial rule of militarism, the rule of the army, not of personal liberty; it is the destruction of individual citizenship, of individuality. But liberty, as we have seen, is the protection of individuality. The supremacy of law is, necessarily, an elementary requisite of civil liberty. The letter and spirit of the Constitution declares that to secure and perpetuate mutual friendship and intercourse among the people of the different States in the Union, the free inhabitants of each of these States shall be entitled to all privileges and immunities of free citizens in the several States; and the people of each State shall have free ingress and regress to and from any other State, and shall enjoy therein all the privileges of trade and commerce, subject to the same duties, impositions and restrictions as the inhabitants thereof respectively. Finally, full faith and credit shall be given in each of these States to the *Records, Acts and Judicial Proceedings of the courts and magistrates of every other State.*

Medical college diplomas and certificates, awarded by State authority to practice medicine, are, therefore, constitutional license to physicians to practice medicine without let or hindrance anywhere under the flag of the United States; and it follows that the Medical Practice Acts of Illinois and Indiana, barring doctors from the free exercise of their rights, are unconstitutional, and in violation of the paramount authority of the land. All officials are imperatively warned, by a patient, long suffering people, to look well to their conduct on these lines. The Medical Practice Acts originated and were put through the legislature by political doctors. The people never thought of asking for them. The rascals who got them up never attempted to show that the people called for anything of the kind.

Dr. Alexander Wilder, Secretary of the National Eclectic Medical Association, says: "So far from protecting the people, the pretext is simply trumped up by third-rate doctors and shyster lawyers for the purpose of levying more and larger fees. The whole of it is odious to the people, as a referendum would quickly show. * * * In fact, Jesus Christ, as described in the gospels, if now in the world, would be apt to be imprisoned, if not crucified

afresh, under the current medical legislation."

J. J. Lawrence, A. M., M. D., Editor of the MEDICAL BRIEF, a Journal of fifty thousand circulation, the most popular medical monthly in America, says: "Every time a restrictive law is proposed, it is intended to benefit some one or more persons at the expense of others similarly situated. The man who wants laws passed to make things easy for him is a member of that large class who live by their wits. There is nothing solid about him." * * * "The cry for legislation to protect the medical profession and the people from quackery is arrant humbug. Nothing but the good sense of the profession itself, and the enlightenment of the people at large can do this."

Dr. Geo. J. Engleman, in his address before the class of 1892, in the Missouri Medical College, said: "The Legislature has denied our people the protection they sought. The bill prayed for by over fifteen hundred of the most enlightened of her profession, urged by the combined action of her medical colleges, demanded by the sentiment of her people and passed by the House, was defeated in the Senate."

These quotations will suffice, but I could adduce enough like them, from the ablest speakers and writers of the profession, to make a large volume. All the medical legislation that exists has been obtained by persistent effort on the part of men claiming to belong to the medical profession.

The people knew nothing about it until they were compelled to pay taxes to support it, with a class of cormorants who filch their living from others. It is possible to fool the people some of the time, but you can not fool all the people all the time.

In my next paper I will discuss statutory infringement of the rights of others, and narrate the greatest legal battle in American history.

Uric Acid Kidneys.

Dr. W. C. Davies, Granville, Ohio, prescribes Lithiated Hydrangea in inflammation of neck of bladder, pyelitis, calculi, etc., finding it quick and efficacious.

[Written for the MEDICAL BRIEF.]

A Remedy for Asthma.

BY W. H. MORSE, M. D.,
Westfield, N. J.

The profession has accepted Iodia very largely, heartily, and with pleasure, as the alterative and uterine tonic. Its use has increased notably, and at the present time it is in general and growing favor. As it has been employed, it has been noticed that it also has other degrees of physiological action, and among these one has pronounced itself quite emphatically.

And this is a relief of asthmatic condition.

Quite frequently the woman suffering from uterine inadequacy complains of difficult respiration. And whenever such patients obtain relief by the use of Iodia, the asthmatic disorder disappears with the uterine relief. With the menorrhagia, the amenorrhea, the dysmenorrhea, the endometritis, or the vaginismus, the respiratory insufficiency associates, and relief of these conditions is almost invariably accompanied by relief of the associated derangement.

Naturally enough the twentieth century practitioner has not been slow to make note of the fact, and although the manufacturers of Iodia have never before made claim of such appropriateness of therapeutical application, the experience of the practitioner formulates the *noblesse oblige*, and Iodia comes by merit and favor to be a remedy for asthma.

And what is the physiological reason?

To explain the mode of action; or, more properly, the modes of action of the drug when used for the relief of dyspnea is, after all, not so very difficult. Its speedy absorption into the blood accounts for a prompt reflex stimulation of the respiratory muscles, and for beneficial action in the actual spasm, while the inherent power that it has of detaching accumulations of mucus from the uterine cavity and the vagina, explains the same action in the bronchial tubes, and demonstrates a curative influence over the chronic bronchitis.

But closer observation shows that we may go further still. Iodia is valuable in asthmatic cases (and in bronchial cases attended with dyspnea) because of its alterative and mechanical distention of the air cells of the lungs, thus aiding in the removal of disease secretions. Experience shows that in the large majority of cases of labored respiration (whether due to bronchial spasm or to increased mucous secretion), and also in certain cases of obstinate dyspnea not due to pulmonary or cardiac disorder, it has large remedial worth, and for these reasons.

We have been told, of late, that asthma must remain a stigma on the science of medicine until its pathology is better understood, and that the ideally perfect treatment would be such as would remove the urgent symptoms, and at the same time exert a favorable influence on the disease condition.

And this is precisely what Iodia is capable of doing in very many cases.

"In many cases"?

To say in *all* cases would be to assume that we have here that specific for asthma which has been sought so long. The question is as to whether we are not justified in pronouncing the word r-e-m-e-d-y, *specific*.

We illustrate with three chosen cases:

Case 1.—Annie L., aged sixty-four, suffering from asthma, wheezy, difficult respiration for three years. Troublesome dry cough. Paroxysms experienced frequently in the early morning hours. Had taken many remedies, and been under the care of specialists. The effect of tablespoonful doses, on retiring, was almost immediate. Continuance of treatment was beneficial. Cough loosened, and a permanent improvement in the character of the breathing ensued. Seven months from first treatment, and she has no dyspnea except upon unusual exertion. And this is quickly removed by night doses of Iodia.

Case 2.—D. M., stout, middle-aged. Had the grip the previous winter, and since then respiration has been wheezy, with true asthma developed. Troublesome cough, nocturnal attacks of dyspnea, lasting for hours. After the first dose there was evident improvement in the breathing, which became freer and more buoyant. Iodia prescribed for every evening after supper, and again at ten, teaspoonful doses. After six days he came to settle his bill, saying he was cured. Observed for four months and no relapse.

Case 3. Martha U., aged thirty, had had asthma for eleven years. Stated that it was hereditary in her family. Breathing was habitually labored and heavy, with frequent attacks of the most intense dyspnea. Every time she contracted a cold she had bronchial spasm, and the bronchial tubes became clogged with mucus. Had tried all the common remedies, and "never got a particle of relief." Was given a considerable dose for the first trial, and described a "great invigoration going through and through" her body. She commenced a systematic treatment with the remedy, and after a few days the result was most satisfactory. She was seen at frequent intervals, and finally stopped taking the remedy, finding she could breathe with comfort ordinarily, and that the spasms did not recur. Attacks of bronchitis do not re-awaken the dyspnea.

These, and other cases, go to make proof of an effective remedy. It is not adapted to all cases indiscriminately, and is most beneficial when the seizures are induced by acute bronchial catarrh, with reflex nervous symptoms, and also when there occurs during an asthmatic seizure a profuse bronchial secretion. The exact indications for its use are, of course, dependent on these features.

A thorough trial is recommended to all who have asthmatic patients. The results are bound to be satisfactory and surprising.

[Written for the MEDICAL BRIEF.]

Scientific Conclusions.

BY J. G. A. DAVIES, A. M., M. D.,
Bishopville, N. Y.

After long study and experience I have arrived at the conclusion that papilloma, epithelioma, carcinoma, eczema, and leprosy, depend for origin not on microbes, but on aberration of cell formation. They are contagious by implantation or grafting, just as warts are. The various microbes are the accidents in the course of the disease.

[Written for the MEDICAL BRIEF.]

A Question—Some Notes on the January Brief.

BY C. H. KIBBEY, M. D.,
Kingston, I. T.

The time was when we, like a very large number of people, had an implicit faith in all we saw in print.

Lately we have been growing more and more unbelieving, and the other day our faith was shaken to the very foundations thereof. It was this way. My partner and myself entertained different ideas, and finally entered a discussion as to what it took to constitute a crepitant râle; one took the position that it was frictional, the other that it was of the small bubbling order.

We proceeded to settle the matter by reference to authorities, and the following is the result: "A New Pronouncing Dictionary of Medicine"—Keating—Second Edition—page 604, under the heading râle, says: *Fluid* in the *air cells* occasions the *râle* known as *crepitant*.

Upon turning to the subject "Lobar Pneumonia" in "An American Text-Book of the Theory and Practice of Medicine"—Pepper—Vol. II—Edition 1896—page 545, we read: "As the *crepitant râle* is *due* to the *friction of the fibrin on the surface of the pleura*, etc."

Now, Mr. Editor, this discussion came up over a case of lobar pneumonia (?) in which we found the crepitant (?) râle, and according to the above we have had a crepitant râle or something else; likewise lobar pneumonia or something else, and we would like very much to know just what a crepitant râle may be, simply for our own satisfaction. (Our patient has suffered a complete recovery in spite of râles, crepitant or otherwise.)

Apropos of seeing things in print, we remember reading not long ago quite a lengthy article on prostatic trouble, with report of a case in which the patient was a female!!!

Things of this kind occasionally get even into the BRIEF, for instance, Dr. N. B. Herring, Wilson, N. C., in January BRIEF, page 51, says he treated a case of "malarial toxemia," where the temperature ranged from 94° to 118° (one hundred and eighteen degrees)—patient cured. However, in leniency to the Doctor we will suppose this the fault of the typographer, proof-reader or somebody else.

That would also be a good way to dispose of his "one hundred and fifty-grain doses" of iodide of potassium, three times a day for six months, his "ninety grains of quinine per day for three consecutive months," and his one and one-half grain doses of morphia sulphate hypodermatically, but would be extremely hard on the typographer.

A man might be able to take a few doses of potassium iodide of one hundred and fifty grains, after having been brought up to it by gradually increasing dosage, but to keep it up for six months three times a day would in our opinion amount to murder, in most cases, long before the six months were out, and we should think a man who could stand ninety grains of quinine daily for three months could not possibly be killed by "malarial toxemia."

I wonder if our Louisiana friend, Dr. Brodnax, did not faint after reading that article. No wonder the "men of science held up their hands in horror"—strange it did not kill some of them outright.

We once heard a professor of medicine say that the bromide of potassium might be given in doses of from five grains to a hat full, but ye Gods! we never dreamed that any one would try to play with the iodide and alkaloids of cinchona and opium the same way.

Let Dr. R. C. Bayly keep up the "State Recognition" agitation, it may bear fruit.

A physician who is qualified to do legal practice in one part of this great United States of America ought to be in another. Some one has suggested the idea of M. D., U. S. The thought is a good one, and might be carried out with the proper effort.

The article by Dr. W. E. Fothergill is no doubt O. K. for the man who is in charge of a hospital, but us country practitioners would find our obstetric practice going to the other fellow should we attempt his positions.

The case of "A Stone Eater" reported by Dr. P. N. Cilly is to say the least unique.

Wish we had seen the article by Dr. W. H. Blake on "Vinegar for Aconite and Erysipelas" eight months ago. We might have saved a life, which was otherwise lost. Patient swallowed about an ounce of fluid extract of aconite (for tincture) by mistake, lived about fifteen minutes.

The editor's remarks anent alcohol are alone worth the price of the BRIEF, we can heartily say, keep up the fight, and the editor's treatment of specific urethritis will give results, which is the thing we all want. We have been using substantially the same treatment for more than two years past, with not a single failure.

We have cured a few cases of malarial poisoning by having the patients drink nothing but sterilized water for a time. Is this worth anything, or did suggestion do the work?

However, we would suggest this to "A Subscriber" in connection with the editor's treatment.

To Dr. C. M. Abernathy, Tow, Texas, we would suggest that the will "cuts" a greater amount of "ice" in the tobacco habit than anything else.

Stop it. Take Celerina and sodium phosphate.

Stick to your resolution and you are O. K. in three weeks.

Brother Editor, if you do not want to be troubled with us again you had better not let this by any means corrupt the pages of your valuable journal.

Diuretic Effects of Grapes.

Dr. Pecholier, of Montpelier, has published a note on the diuretic effects of grapes, which would appear to confirm the diuretic action of glucose recently brought to notice. In two cases—one a patient with cardiac disease and the other the subject of hepatic cirrhosis with ascites—a "grape cure" was undertaken with the best results. In the former patient, notably, five pounds of grapes were daily ingested in three parts, and the diuresis produced was much more considerable than with milk, digitalis, or iodide potassium. This effect can only be attributed to the sugar of the juice of the grape, the other parts of the fruit having been rejected.—*Diet. and Hygienic Gaz.*

[Written for the MEDICAL BRIEF.]

Mental Conditions in Applicants for Life Insurance.

BY J. W. MACQUILLAN, M. D.,
Chattanooga, Tenn.

It is strange that insurance companies, so particular in other respects, seem to overlook the importance of the mental conditions and idiosyncrasies of an applicant in the prognosis of longevity. Beyond a few questions into the family history touching this subject, framed in such a manner as to be easily avoided, nothing is required of the examining physician. As a result I have seen pronounced paranoiacs, melancholics, and those suffering from cyclical aberration, apply for and obtain insurance without the least suspicion on either the part of examiner or company that the risk was a "safe loss." One case, I recall, where a young man, suffering from alternating exaltations and delusions of persecution, was insured for five thousand dollars in an old-line company. Within four years after acceptance, he twice attempted homicide, and has twice been shot at. His expectancy, according to life tables, would be thirty-two years, whereas, in reality, it was not worth ten.

Paralytic dementia, in its prodromal stages, is one of the forms of mental disease that sometimes eludes the vigilance of the examiner, but the stress of competition is so great that in many instances the physician is unduly hastened to sign an unqualified recommendation.

Alcoholism is, undoubtedly, the result of hereditary or acquired neurosis, and no amount of temptation or association will make an inebriate, except some morbid diathesis be present which craves a toxemic condition. Theoretically, we ought to be able to tell who could and who could not use alcohol in moderation.

The prognosis of longevity depends as much, if not more so, on the psychical as the physical diathesis.

Diarrheal Troubles.

Dr. Geo. M. Campbell, Halifax, N. S., says: In fermentative disorders of the stomach, and in corresponding forms of diarrhea, Listerine is a safe and a valuable preparation.

[Written for the MEDICAL BRIEF.]

Dyspepsia Cure.

BY A. CHENOWETH, M. D.,
Dewey, Ill.

It is seldom I have intruded myself upon the readers of the MEDICAL BRIEF, but I think it a duty any and all members of the medical professsion owe one another to make public a treatment for any malady which, by long experience, they have found especially valuable. Among all diseases with which we, as a profession, have to contend, none, perhaps, are more frequent than that of stomach derangements, and of that class dyspepsia is, without doubt, the most common, especially (among Americans) what may be termed the nervous form, accompanied by the common symptoms of aching or gnawing, or a feeling of weight or heaviness at the pit of the stomach.

The treatment I suggest will, however, apply to almost all of the various forms of dyspepsia: the bilious, the sour stomach, or gaseous form. The treatment has been so uniformly successful, having had the astonishing result of no failures, that I invariably prescribed it to all forms in the two to three years since I have adopted it.

With no other object in view than that of benefit to stomach sufferers, I herewith give my method of treatment.

I begin treatment with a bedtime dose of calomel, five grains; soda, three grains; to be followed for the next three days with one-quarter grain tablets of protoiodide of mercury, one three hours after each meal, giving with the evening dose an anti constipation tablet of aloin, one-fifth grain; Belladonna, one-eighth grain; nux, one-fifth grain; and cascara, one-half grain. After this three-day course I begin with the following:

R Cit. Quin. et Fer. et Strych.....1 drachm.
Syr. Limonis .....1½ ounces.
Spts. Rect.....4 drachms.
Aquæ Dist .....2 ounces.

M. Sig: Teaspoonful after meals.

At the same time I give the following prescription two to three hours after meals as long as there is any pain or uneasiness of any kind in the region of stomach, plain and unscientific as it may be, to-wit:

R Tab. Trit. of Arsenite of Copper, $\frac{1}{100}$ grains 12
Acid Carbolic..... 6 drops.
Aquæ Cinnamomi ..... 6 drachms.
Aquæ Puræ.....q. s. ad..... 8 ounces.

M. Sig: A teaspoonful in three tablespoonfuls water two to three hours after meals.

After the stomach becomes easy of all aching, acidity, gas or other unnatural feeling, the latter may be omitted, but continue the tonic. If much bloating or acidity, pepsin before meals. If the patient does not improve rapidly, stop all other measures and repeat the three-day course of the protoiodide remedy, when the other remedies may again be resumed. The arsenite, copper and carbolic acid treatment is very essential, and works admirably in my cases. If the patient, while taking the tonic, at any time seems to cease to derive the ordinary benefit, you will find he will do so if the protoiodide be repeated.

About the third day the bowels will become pretty free, and in some cases most too much so; if this be the case it may be corrected by leaving off one of the three doses the third day. Some very bilious or constipated cases may require a four-day course, or a third or even a fourth three-day course. I never use the protoiodide at the same time I use the liquid preparations. I, however, usually have them take the aloin compound tablets, one or two at bedtime if bowels require, while using the liquid. The latter tablet insures the acting of the protoiodide. I always use the one one-hundredth grain tablet of arsenite of copper in the carbolic solution by dissolving eight to twelve in a three-ounce mixture. The patient should be put on an easy digesting diet, avoiding all pastries, pie, cake, pudding, biscuit, etc., as well as nuts, candies, sauerkraut, fried potatoes, etc.

Though I have been practicing thirty years, and have had wide hospital and army experience, I have never, as yet, found any remedy which has come so near being a specific for dyspeptic troubles as the above line of treatment. Should the foregoing help any brother out with a troublesome case, I shall feel amply repaid.

[Written for the MEDICAL BRIEF.]

Quantitative Urine Tests.

BY J. BARKER SMITH, L. R. C. P., LOND., Author of "Quantitative Estimation of Urine," London.

(Continued from page 527.)

"Centim" is used for cubic centimeter.

6. YELLOWISH BROWN COLORS.—It is remarkable that so many of the fluids which come under medical observation can be accurately recorded by an iodine color scale. Not only the normal color of urine, but the numerous tints of yellowish-brown in tinctures, essential oils, and pathological fluids, can, for the most part, be matched by an iodine color instantly produced at will, almost with the same ease and accuracy as a note upon a musical instrument. Two simple solutions only are required, viz., the acid permanganate solution already described in my last article, and a solution of potassium iodide in water, about two grammes per liter.

Pour five centims of the urine to be recorded into a medium-sized test tube, into another test tube of the same size pour five centims of the solution of potassium iodide. Pour the acid permanganate solution from a five-centim pipette into the test tube containing the iodide solution, held with that containing the urine side by side, between the thumb and forefinger of the left hand, until the *color* viewed horizontally is the same in both test tubes. The centims of acid permanganate used to produce this effect serve to record the *color* of the urine. The maximum color is *five*, as we note tenths of a centim we have fifty degrees of color between limpid water and pale sherry.

Hitherto we have had no practical means at our disposal of recording the exact yellowish tint of normal urine, and the full significance of color in ratio to the other constituents of urine has not been appreciated.

I use the above *special* color scale for estimating quantitatively sugar in diabetic urine, sugar in cereals, *nitrates* and *nitrites* in drinking water, also the traces of ammonia obtained by nesslerizing, etc.

Sometimes dilution of urine, etc., is necessary, and such dilution must be remembered; again, I sometimes use a permanganate solution five times stronger, my *general* color scale. The exact warmth or tone of color is often secured by less of the oxide solution, etc.

In my brochure I have described not only the color scale, but a *numerical acidity number* (this acidity number is simply the quantity of decimal solution of *carbonate* of soda necessary to neutralize twenty centims of urine), and each *unit* of acidity is almost exactly equivalent to a quarter per cent oxalic acid equivalent in the urine, *e. g.*, color *one* equals ·25 per cent oxalic acid, etc. The following record of examples illustrates my remarks here and elsewhere. The "total urates" are total *absolute* urates, *vide* last article.

A sample of urine from a healthy man was examined by the alkaline ammonium chloride and acid permanganate method previously described: 7·2 decolorized before precipitation, equals 1·18 per thousand; 8·4 decolorized after precipitation equals 1·01 per thousand; difference, ·17 per thousand; addition filtrate ·03, dilution ·05, equals ·08 per thousand; total urates reckoned as uric acid ·25 per thousand. The addition for trace of uratein filtrate is invariable, that for dilution variable.

A sample of urine from the same man was again examined after an interval, more in detail: Color, ·6; specific gravity, 1011. Urea ·98 per cent. 7·9 decolorized before precipitation, equals 1·07 per thousand; 9·0 decolorized after precipitation, equals ·94 per thousand; difference ·13 per thousand; addition filtrate ·03, dilution ·04, equals ·07 per thousand; total urates reckoned as uric acid ·20 per thousand.

The following results were obtained in a case of acute rheumatism (relapse). They serve to illustrate somewhat the effects of salicylate of soda. (Total urates reckoned as uric acid.)

September 29th.—Specific gravity 1014, color 1, urea 1·7 per cent, total urates ·5 per thousand, acidity 1·8, salicylates recommenced.

October 3d.—Specific gravity 1030, color 5, urea 3·3 per cent, total urates 1·3 per thousand, acidity 2·5.

October 4th.—Specific gravity 1027, color not taken, urea 3·5 per cent, total

urates 1·6 per thousand, acidity ·3, salicylates discontinued, bicarbonate of soda given.

October 5th.—Specific gravity 1017, color 1, urea 1·8 per cent, total urates ·67 per thousand, acidity ·5.

October 6th.—Specific gravity 1020, color 1, urea 2·6 per cent, total urates ·93 per thousand, acidity ·7.

October 7th.—Specific gravity 1020, color 1, urea 2·3 per cent, total urates ·77 per thousand, acidity ·6.

October 8th.—Specific gravity 1021, color 1, urea 2·3 per cent, total urates ·84 per thousand, acidity 1·2.

The estimation of the total urates in this case of rheumatism was made by the alkaline ammonium chloride method. The same method applied to blood, hair, patches of psoriasis, bronchial sputa, fluids of the (*a*) eye-ball, etc., for the microscope, led me to raise certain points elsewhere as regards the demonstration of urates in the blood by the microscope and their significance. The trace of uric acid left in the filtrate is only ·03 per thousand; such solutions by evaporation on a cover glass still evidence urates under the microscope.

(*a*) *Post-mortem* changes; compare similar changes in disease, from degeneration of tissues and *formation of ammonia*. *Vide* method.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Paralysis of Heart After Cramp Colic.

BY RICHARD T. GOTT, M. D.,
Poolesville, Md.

Three sudden deaths during the past winter following attacks of cramp colic, one of them in my own practice, have recalled to my mind a danger following this affection I had noticed years ago. A brief history of the cases will best tell what I mean.

Called to see Judge P., aged sixty-seven, as vigorous as men usually are at that age. Had eaten imprudently, and was having severe cramp pains. An emetic and a little morphine soon relieved him. Next morning found him a little weak, but otherwise feeling very well. Gave him strychnine and milk punch. The third day found him almost as well as usual. The next morning he drove to his son's and spent the day rambling over the farm. Returned late in the afternoon feeling well, but a little tired. After supper drove with his wife to an entertainment in town. Seemed as well as usual. Got home at eleven o'clock. Left his wife at the gate and drove to the stable near by. Ten minutes after he was found lying near the gate dead.

Mrs. G. had eaten imprudently and had cramp colic. Was soon relieved. The third day after her physician gave her permission to go down stairs. A couple of hours afterwards she was found lying in front of her door dead.

Mrs. B. had eaten imprudently, and had cramp colic. Her physician soon relieved her. A couple of days afterward she was found lying on the floor of her room dead.

Mr. G. had eaten a hearty dinner, and had cramp colic. Had vomited freely before I reached him, and was entirely relieved. A few hours after I had left him he requested his wife to bring him a glass of water. She was gone not more than ten minutes; she found him lying as she had left him, dead.

These people were all aged about seventy, and none of them as far as I can ascertain had any organic trouble.

One afternoon, in 1878, I called to see Dr. Robt. O. Perrin, aged sixty-five, an eminent physician of Alabama, at his home in Eutaw. Found him lying in bed. Told me he had eaten imprudently, and had had some pain, but had unloaded his stomach, and thought he would soon be all right. Talked with him about half hour. I had reached the door when I heard him fall back in bed; I had left him sitting on the edge of it; I turned instantly and saw him lying on his back, his face slightly convulsed, his chest heaved two or three times, and he was gone before I could spring back to the bed, only a few steps. The death was precisely like one I had seen from hydrocyanic acid.

Undoubtedly the cause of death in this case and probably in the others was paralysis of the heart. Why should it follow this usually trifling ailment? And is it possible in any way to guard against it?

[Written for the MEDICAL BRIEF.]

Frambesia.

BY R. L. MEEK, M. D.,
Benhur, Texas.

In June of 1899 this portion of Texas was visited by heavy rains, which caused destructive overflows in the river bottoms below which caused the negroes (who were the principal inhabitants) to leave their homes for safety. The flood destroyed their crops, with their articles of clothing, bedding, and their teams, as well as hogs, sheep, etc., so they drifted into other portions of the State in search of employment.

Since that time, I have been called to see several supposed cases of small-pox, almost exclusively among the negroes, or among the whites who had had negroes in their employment. Having had considerable experience with small-pox, I have been called as far as twenty miles distant to see these suspected cases. On arriving, I would find the physician generally in doubt, while patient and friends were eagerly awaiting the decision of myself and family physician. On obtaining a history of the invasion and onset, I have always found a case of yaws, which was a great relief to the patient and family, to say nothing of the community. This disease, to my notion, has been the small-pox that has been raging in this State.

I admire great caution among the members of the profession, and, if possible, prevent the spread of small-pox; but be sure and know whether it is small-pox or not before you declare it is, as the financial interest as well as commercial interest of the State is at stake.

Frambesia is a disease supposed to have been imported from Africa. It is said to be very common among the negroes on the vast sugar plantations in the West India Islands. It is propagated by frequent contact and by inoculation with the matter from the pustules or sores. Physicians who are in attendance upon the colored people, who are affected with this disease, are often inoculated with the poison.

The approach of the disease is manifested by pains in the limbs, and more especially around the joints, with languor and debility. After a time the patient is attacked by febrile symptoms, chills, pains in limbs and back, headache, fever, and loss of appetite; these are followed in a few days by a pustular eruption on various parts of the body, generally on face and neck. At first they are very small, but gradually enlarge until they often become half an inch in diameter. They are filled wth a whitish opaque fluid, and when bursted discharge a thick, glutinous matter, which forms into a scab; when one crop is passing away, another begins to appear if the proper treatment is not administered. When any part of the body is attacked with the eruption, the hair on that part changes to a white color. Sometimes the disease leaves its victim with foul, sloughing ulcers of a considerable extent. The disease occurs but once in a lifetime. I find that vaccination has no effect on the severity of the disease, or alters it in any way.

On the onset diaphoretics are given, in connection with blood purifiers, for which I generally use compound powdered ipecac and opium in three to six grain doses every two to four hours. For the blood I give sarsaparilla, or sassafras, with bitartrate of potash to keep bowels open. Should a foul ulcer remain, I wash every thirty-six hours with muriatic tincture iron, and apply every eight hours a plaster of compound ointment of oxide zinc.

The patient's diet should consist of fruit principally. Change patient's clothing every two or three days, boiling them in water. After patient is well I advise bedding burned.

Dietetics.

Those articles of food which contain the largest percentage of nitrates are the best builders of the muscular system; phosphates are most needed for the nerves and brain; carbonates help to form the fat. Beans, peas, oats, salmon, eggs, beef, all contain plenty of nitrates; the same foods, and, in addition, codfish, contain an abundance of phosphates; butter, rice, cabbage, corn, beans, provide the carbonates. Eggs fried in butter or codfish similarly treated, constitutes a perfect flesh-former.—*Ex.*

[Written for the MEDICAL BRIEF.]

A Peculiar Case.

BY J. W. JAMES, M. D.,
Glen Cove, Tex.

I wish to report a peculiar case that I have on hand.

A young man, twenty-two years old, about five feet eight inches, weight about one hundred and fifty pounds. Very stout until six weeks ago. Cowboy by occupation. He has been in the cow camp for four years; returned to his father's about six weeks ago on a visit. While here he was taken with hemorrhage from the kidneys, with but little pain. He was treated by a doctor for three weeks with no improvement, and then came to my office for treatment.

I gave him treatment for hemorrhage, with some improvement, for about ten days, when the hemorrhage returned.

He complained of something like worms working in his kidneys. I gave him plumbi acetatis, opii and lithiated sorghum compound. In about twenty-four hours after taking the above medicines he passed, from his kidneys, as he said, sixteen worms; seven at one time, one after another. He says the worms resembled those found under the bark of trees. About one and one-half to two inches long, and as large as a lead pencil. The head larger than the tail, white and wrinkled, and apparently dead. When the air strikes them they look some darker.

He says he can tell when they start from the kidney. The last ones were passed last Tuesday, and he says he feels like they have all passed off, as he has no more pain or indication of them, except soreness in the back over the kidneys. Some pus followed the worms.

I did not get to see the so-called worms, but have examined his urine and find specific gravity 1015, alkaline, some pus, corpuscles and blood. The urine is normal in quantity. Kidneys act about three or four times a day. Has never had any pain on urinating.

Now, I want to know what this is and what are the worm-like substances; or is it worms? If so, what kind and what caused them? Did he get the infection from drinking water? Is there anything like the above on record? I have not been able to find it.

Let me hear from all who may have had similar cases.

Success to the BRIEF, the doctor's best friend.

[Written for the MEDICAL BRIEF.]

Small-Pox.

BY WM. JOHNSTON, M. D.,
Summerfield, Kan.

The present epidemic in many places throughout the country has not aroused very much anxiety among the people, on account of the mild form and the low percentage of deaths caused by the disease. And it seems to be a fact that there are a great many experienced physicians who are in doubt as to what to call it. Some calling it Cuban chicken-pox, Cuban itch, and impetigo contagiosa.

As for the Cuban itch or Cuban chicken-pox, I know nothing about it, but I do know that we can have, and do have a discrete form of small-pox. And what cases I have seen I pronounce small-pox in a discrete form.

I believe if every doctor would investigate these cases more thoroughly they would think as I do. Neither I nor anyone else can tell when such cases may take on the confluent form.

I think the fact of so many taking the disease who had been vaccinated, proves that the vaccination was irregular in its course.

I have had two cases in my own family where I thought the vaccination was irregular, and after the first sore had healed up I vaccinated again and got good results. I am satisfied that more than fifty per cent of the vaccinations are irregular in their course. And in my opinion it would be safe for every practitioner to impress upon the people that there is no doubt but what we are passing through an unusually mild epidemic of small-pox, which demands careful watching.

Relieve Palpitation.

Dr. W. C. Ohlendorf, Chicago, Ill., maintains that Cactina Pillets are a specific for palpitation.

[Written for the MEDICAL BRIEF.]

Should Universal Circumcision be Adopted?

BY H. L. TRUE, M. D.,
McConnelsville, Ohio.

In May BRIEF, page 750, some writer (who apparently is afraid to give his name) advocates universal circumcision as a sanitary measure. He says it should be performed on all male infants, and that "there are so many things in its favor that I can not see how any one can be opposed to it." Then he calls upon the readers of the BRIEF who oppose it to give their views.

I have read many articles in the same line, but very few in which the writers advocated the retention of the foreskin. Our books on physiology are woefully defective in that they do not explain the uses of the prepuce. It seems to me that any organ or appendage whose uses are as plain as those of the prepuce deserves at least a passing notice.

Those surgeons who advocate a wholesale destruction of prepuces are like the young doctor who had just purchased a set of surgical instruments, and was now only anxious to find something on which he could try them to see if they would cut.

It has been demonstrated since the time of Moses that mankind can live without foreskins. Hence that part can be sacrificed with little inconvenience. It is, therefore, a favorite point of attack, especially with surgeons who are anxious to find something to cut. Their argument is of this kind: If the Jews can get along without foreskins, why can not others as well? It would be better to make the practice universal. It would be more conducive to health.

In order to get a satisfactory reply to this argument, I claim it is unfair to refer the matter to the Jews, for they, having been deprived of their foreskins before the time of recollection, know nothing of the value of this part of the human anatomy. One might as well refer the question of the value of eyesight to a person who had been blind from infancy. A person maimed in almost any manner during infancy will become so accustomed to his condition as he grows older that in most instances he will conclude that his maiming was an advantage to him. So it is in reference to the Jews. Their testimony is of no value, because they know nothing personally of the uses of a foreskin.

A fairer way to settle this question would be to find an adult man with a normal foreskin and persuade him to have it cut off, as an experiment for the benefit of science. Get him then to give his experience as to how it goes in doing without it. I venture the opinion his report would be that if he had his back, as it was, no money would induce him to part with it.

Of what use is a normal foreskin? I wonder that our books do not explain this. As I understand it, it is a sheath intended to protect the glans penis from injury. It acts also as a cushion and protects it from irritation, from clothing and other things. Did the advocate of universal circumcision ever have an experience like this: While riding a rough-going horse, getting the foreskin pushed back over the head of the penis, so that every step the horse took would cause the clothing to rub against the bare glans? Did he ever have to take his hand and pull forward the foreskin to prevent this irritation? If one has ever had this experience he will find that the foreskin is of some use at least.

But it has other uses. For instance, in the act of copulation it acts as a cushion (or a bumper, as one would say in steamboat parlance), and prevents friction and bruising of both the glans penis, and also of the female parts. There are females whose vaginas are preternaturally dry, and were there no foreskin on the male organ it would be difficult to effect an entrance. By drawing the foreskin forwards and inserting it at the same time, the glans is entered, the act of copulation is much facilitated, and the pleasures of it is very much enhanced with both parties.

But it has been claimed that if universal circumcision was practiced the amount of veneral disease in the world would be very much lessened; that the underside of the prepuce serves as a pocket to retain the poisonous secre-

tions, etc. If it were true that the prepuce contributes to the spread of venereal disease, that would be a reason for dispensing with it. But is this true? I claim the opposite would result, especially in reference to syphilis. To infect with this there must be an abrasion. As the foreskin acts as a preventive of friction, it also acts as a preventive of abrasions, and in this way prevents inoculation.

But it is claimed the penis would be more cleanly without a foreskin. Here is another mistake. The foreskin is Nature's wash-rag. It should no more be dispensed with than the haw or membrane that many animals are provided with to brush foreign substances from the eye. The foreskin, if properly used, is a great cleanser. For this purpose it should be used as follows: While urinating, draw it forwards with the fingers and hold it so that the urine can not escape. A sack filled with water will be formed around the head of the penis, which if manipulated a little will effectually wash away all offensive secretions. This plan has this to recommend it: It is always at hand, and can be used each time of urinating. If this plan was faithfully followed immediately after each impure connection, I believe the spread of venereal diseases would be very materially lessened.

When I hear a doctor advocating the universal destruction of the foreskin I suspect that he himself has an abnormal prepuce, or has had it cut away to correct some abnormality. He is like the fox described by Æsop, who had lost his tail, and being so mortified by his changed appearance tried to get the other foxes to cut off their tails. But the foxes were not deceived. They replied, "if you had not lost your tail you would not counsel us."

The writer has nothing to say against circumcision as a surgical procedure to correct abnormalities of the prepuce. That is proper and right, but in doing this it should be the aim of the surgeon to bring the condition of the penis as near to the normal as possible. No more of the foreskin should be sacrificed than is necessary to correct the abnormality.

[Written for the MEDICAL BRIEF.]

A Wrinkle in Obstetrics.

BY A. P. BETTS, M. D.,
Woodburn, Ind.

The practice of obstetrics in ninety per cent of the cases that come under the general observation of the practitioner of medicine does not require any extraordinary display of intelligence, but it is for this other small percentage that the doctor must keep posted upon all the different complications that may occur in this business.

One of the most trying of these many complications is the slow and tedious labor where no progress is made, although the pains may be strong and everything is in good condition, and all that is lacking is progress in the case. This condition may be due, in itself, to a rigid os or to an irregular contraction of the muscles of the womb, or to other causes less common. Now, I take it that a useful hint in cases of this kind will be very gratefully accepted by many of the doctors who read this. I have always found great and immediate benefit result from the pinning of a towel as snug as can be borne around the abdomen, from the ribs to the hips. By this means the force of the contracting womb is directed downward in the direction it should go. I had occasion only a few days ago to try this on a woman who had been in labor nearly two days and one whole night. When I applied the towel the child had not descended into the pelvis at all, and it was impossible to reach it with the finger. In six hours the child was born. As the child descends into the pelvis it is necessary to tighten the band or towel from time to time. In ten years' practice I have used this means of hastening delivery so frequently that I know it is of much assistance to the doctor and patient as well, for a woman always feels better with it on, and will work much more cheerfully and willingly. Any one who will try it will be very much pleased with the result.

Neuralgia.

Dr. J. H. Bishop, Carversville, Pa., prescribes Celerina in cases of nervousness and neuralgia, with great success.

[Written for the MEDICAL BRIEF.]

Medical State Laws a Farce.

BY F. D. SNYDER, M. D.,
Ashtabula, Ohio.

After reading Dr. Hawes' article in regard to State laws, I heartily agree with him, and only wish that there were more medical men who knew the law as well as Brother Hawes.

As the State medical laws are to-day, they should be considered by all thinking men as an unjust and unconstitutional law, a blue law, so to speak, and calling it a farce or a fake is letting it down rather easy.

I find that many of our older physicians are not aware of the fact that it is possible for such a law to exist. They are busy with their practice, have no intentions of moving to another State, and are not aware that there is a Chinese wall built around most of the States that acts as a formidable barrier to them, notwithstanding the fact they are of high medical skill, and having a diploma from our best medical colleges.

With our present medical laws, their diploma from Bellevue, Ann Arbor, or Jefferson, are only good to give them the privilege of paying twenty five dollars, and going before a board of old fogies, called an examination board, who probably have not seen a college in years, and would not know a tubercular bacillus from a June bug. Yet the physician who has put four years of study in college, has paid all his numerous fees, has passed all his examinations satisfactorily, and came up to all the requirements of the curriculum, and found a fit subject for graduation, and is graduated with high honors. He goes out in the world with high ambition and hope to practice his hard-earned profession, only to find that the diploma he has is not good enough to practice medicine on, but he must pay twenty-five dollars and pass all the examinations over again. No wonder he says: "Where am I?"

He has received his diploma from one of the best medical colleges in the United States, but it only gives him the privilege of paying twenty-five dollars more, and after a certain amount of red tape he is allowed to pass all his examinations over again; then if this so-called examination board see fit to pass him, he will receive a little piece of paper which gives him the privilege to practice medicine, and his hard-earned diploma may as well pass the remainder of its existence with its face to the wall. But if this great board of intellect thinks you had better wait awhile before you hang out your shingle, you can be marked a few per cent low, and in the words of Dr. Hawes, "Where am I?" Not much of anywhere, you can wait six months, and try them over again. "If at first you don't succeed, try, try again." Or you can pay twenty-five dollars again and you can try them in three months instead of waiting six. In most cases the young physician has to wait the six months, as the first twenty-five dollars he paid in was the only twenty-five he could borrow, as the college used all his money up long ago.

While so much valuable time has been lost, the chances are he can not pass as good an examination as he could six months or a year before, or when he left college, and the result is a good citizen is driven from his own home, his own State, or out of the United States, in order to practice the profession he has studied four years.

I would like to ask any American citizen if he thinks such a law a just law, one that will promote higher education?

While I am a legally registered physician in five States, and believe in the higher education of man, I believe this to be an unjust and unconstitutional law, and think it high time that we have a national law regulating the practice of medicine, one made by an Act of Congress, one that gives every American citizen the same privilege as his brother.

I believe in making our medical colleges of a high uniform standard, with a severe entrance examination, or if that is not enough make it a B. S., A. M., or L.L. D., before the student can enter college, and then make it a four years' course, and if that is not strong enough make it longer, but after the college finds him a fit subject for graduation, and he receives his diploma, it should be good on every soil that is protected by the American flag.

[Written for the MEDICAL BRIEF.]

Various Topics.

BY LUIGI GALVANI DOANE, M. D.,
New York City.

Many physicians think that croup and diphtheria are similar diseases. They claim that croup is non-malignant and that diphtheria is the reverse. Now, any observer will tell you that the membranes of diphtheria are of a different color than those seen in croup. The one is white the other brown. The diseases are not the same. Perhaps in this connection it may be well to record the death of our State District Attorney, Mr. Coyne. The local press states that antitoxin was pumped into his system in large quantities. Query—did he die of the disease or the antitoxin? Was it justifiable to produce blood poisoning with the antitoxin in order to further the whims of one or two physicians who accept a theory without investigation? The scientific man should study and reason for himself and not embrace a theory based upon the researches of another. There are a host of remedies advocated for diphtheria, nearly all have their special champions, all of which goes to prove that the disease seldom, if ever, presents what are called "typical symptoms." Probably no resemblance can be seen in any one or two cases, for symptoms vary and are caused by difference in constitutions. We should diagnose each case by itself, and treat it accordingly. Try tincture iodine and carbolic acid in your next case. Use as a local spray. May be you will have success.

Man is the creature of accident and circumstances, but controlled by his environment, although he may imagine otherwise. Place a man in a good home, surround him by congenial souls, and let him discover his proper vocation, and he will be happy, or ought to be so. The majority of men do not discover their proper vocation, hence the world is full of failures. Forty per cent of graduates fail in medicine because they are not adapted to the calling. Many men study a profession, "get into a rut and stay there;" they never reach any elevated position because accidents and circumstances are not what they ought to be. If the home life is happy these men endure their positions and submit to the "fates." If the home is not what it should be men seek the club or society outside of and away from the domestic hearth. Life is not what we make it, but what other people make it. Again, many men enter the professions who are not adapted to them; they are like square pegs forced into round holes.

Take the profession of medicine, it is not one which is of a lucrative nature; it is benevolent. Any man who enters it should understand this truth, and not seek to make the calling a mercenary one. If he does so he is a square peg forced into a round hole. Is out of his sphere.

Happy man who learns early that wealth is not everything, but good deeds a perpetual blessing.

Now! Square pegs are often forced into round holes, as we all know, but such an unhappy condition can be avoided, for we have only to watch the child in order to see the man. When the child shows talents or some predisposition, we can train him in certain ways and bring out his talents, develop them, and by so doing insure his future welfare and success in life.

[Written for the MEDICAL BRIEF.]

Improved Circumcision.

BY EDGAR D. PRESTON, M. D.,
Warren, Pa.

On page 750 of May BRIEF some one has an idea that he can improve on God's model of the penis, and advocates the sweeping cutting away of the foreskin, so the corona glandis is continually uncovered. The person, I care not who he is, "is behind the times." He is about five or six years behind. Dr. E. H. Pratt, of Chicago, the great orificial surgeon of the United States, the father of orificial work, who has circumcised thousands, has modified his views on the subject of circumcision, and now says the ideal prepuce is one where the foreskin comes just half way from the tip of penis to the corona glandis—and is free from adhesions and constriction. Such a foreskin will constantly cover

the corona glandis in a flaccid condition, but when the organ is erect the gland is uncovered. The argument that the organ is kept in a cleaner state is a thin one. The genital organs should be thoroughly washed, at least once every twenty-four hours with Grandpa's Tar Soap (no advertisement intended). If the intention was to facilitate washing, why not apply the same argument to the ear, and pare away the helix?—God probably made a misfit on the ear as well as foreskin. The covered corona glandis prevents rubbing and chafing on the clothing, and keeps the extreme sensitiveness unimpaired, and prevents masturbation instead of causing—just as God intended.

The penis has been thought quite a useful organ. Then make its toilet same as any other organs of the body exposed to view, and not keep it in a filthy condition.

[Written for the MEDICAL BRIEF.]

Clinical Notes.

BY ROBT. A. JONES, M. D.,
Assistant to the Chair of Gynecology and Abdominal Surgery, Birmingham Medical College, Birmingham; Member Jefferson County Medical Association, Birmingham, Ala.

Uncured Gonorrhea.—Few diseases tax the medical man's patience and ability more than gonorrhea. While some cases yield readily to the most simple treatment, others baffle every method of treatment. The physician often resorts to one remedy after another in a vain attempt to cure his patient, the various injections, the nauseous concoctions of copaiba, cubebs, etc., although with the advent of the permanganate treatment after Wyeth's method, is productive of better results than any other I know of. Often after the seeming cure by the last method, or any other, there is a condition known as uncured gonorrhea, that is very trying to the physician, and worrisome to the patient. It is of this condition that I desire to contribute a few notes of some recently treated cases.

Case 1—Granular Urethritis.—On November 10, 1899, I saw Mr. E. at my office, and was given the following history: About twelve months previous, he contracted gonorrhea. After about five weeks' treatment by his physician he was pronounced cured, but noticed, on rising in the morning, that there was a slight moisture about the meatus, and that on making gentle pressure outward on the penis he could detect a small amount of muco-purulent discharge. He again sought his attending physician, who treated him with passing of sounds, and deep applications of silver nitrate, etc. He stated that, after each treatment, he seemed worse, and the part seemed irritated and sore. He gave up the treatment. He refrained from sexual intercourse, because the act was attended with some pain and considerable burning and stinging; especially in the act of seminal ejaculation, the burning and stinging continuing for an hour after, with considerable uneasiness in the posterior urethra. After washing out the part I made a careful examination with the urethroscope, which revealed a granular urethritis situated in the posterior urethra. Now, I have had nothing but the best of results, with the application of a strong solution, silver nitrate, thirty or forty grains to the ounce, and sometimes stronger; but in this case the patient objected, stating that he had been burned up with that kind of treatment without benefit, so I had to resort to some other. It occurred to me the excellent results I had obtained from the use of Sanmetto in similar cases, so I at once put my patient on this treatment, with some instructions as to diet, etc. He returned in twelve or fourteen days, stating he could detect very little benefit. I insisted on his continuing the treatment for a month at least, mentioning several cases by way of encouragement. He returned at the end of the month, much better. He kept the treatment up for a month longer, and came into my office one day, his face beaming with joy. He declared that not only was he cured of his trouble, but that the erections were stronger and lasted longer, and that he felt a sense of general well being.

Case 2—Vesiculitis.—On June 18, 1899, Mr. J. presented himself at my office, stating that about eight months previous

he contracted a case of gonorrhea, which he tried to cure himself, and which resulted in its becoming complicated with epididymitis and orchitis. He now sent for his family physician. He made a slow recovery. When I saw him he was cured of the discharge, but stated that whenever he had sexual intercourse the emission was mixed with considerable blood, accompanied with an aching and slight throbbing, after the act. On handling the part there was considerable tenderness, more especially in the left testicle. He handed me a parcel, which turned out to be a pair of drawers, in which he had had a seminal emission the night before, and which was considerably stained with blood. I diagnosed his case as one of vesiculitis. This is the first case I had met with in my own practice. I realized the uselessness of any local application for this deep trouble. I ordered absolute rest from everything calculated to aggravate the trouble, and the avoidance of everything calculated to stimulate the passions. Every morning I ordered him to make cold applications to the genitals, using a towel wrung out of cold water. I put him on Sanmetto, one teaspoonful four times daily. In two weeks he was relieved of all the tenderness in the scrotum. In one month he stated he had another seminal emission, but no blood, and that there was none of that unpleasant aching; that he was seemingly as well as ever. He continued the treatment for four weeks longer. He came in one day to tell me that there was not a trace of the old trouble, and that his sexual passion had increased very much.

Case 3.—Chronic Cystitis. In October last I was called to see Mrs. R., whom I found confined to her bed, suffering much pain, with a constant desire to urinate. She stated that she had suffered with chronic cystitis for over a year. She said that through the summer months she seemed so much better she thought she was about well, but found on taking a little more exercise than usual she got much worse. She dreaded the cold weather, as she was confined to her bed nearly all the time. She had been treated by three or four physicians and seemed every time to improve for a while, only to relapse again. Stated that her bladder had been washed out by each doctor with all sorts of medicine. So I hardly knew where to start in the treatment. I insisted on absolute rest in bed, with hot vaginal douches, commencing the latter with water comfortably warm and steadily increasing the temperature until it was as hot as could be borne; this to be done twice or three times daily, for a week. I gave her a prescription for Sanmetto eight ounces, to be taken in teaspoonful doses, four times daily, diluted. I also ordered her to dissolve one five-grain tablet of lithia in tumbler of water, and take three times daily. In three weeks she was much better and could sit up without the discomfort felt previously. In six weeks she came down town to see me, stating she felt better than she had in twelve months. She dropped the lithia but kept up the Sanmetto for three months. She has not had a symptom of her trouble since, and is loud in her praise of Sanmetto. Of course I restricted the diet during the treatment.

[Written for the MEDICAL BRIEF.]

Small-Pox on the Wing.

BY S. W. H. NIBBLETT, M. D.,
Elizabeth, Ark.

In the April BRIEF, page 529, I wrote a little article entitled "Small-Pox." Since that time the letters which I have received telling of the ravages of small-pox in nearly all the States and Territories is amazing. Only very few sections have been represented in the medical journals. The opinions of the doctors are not what they should be. We ought to be of the same mind and the same judgment, but I see from my letters that the divided state of the doctors are worse, if possible, than those represented in the journals. Brethren, such things ought not to be. Most of those who have written to me claim that the doctors in each locality are responsible for the spread of this disease.

The publication of my work on small-pox is now (May 2d) in rapid progress and will be out during this month. Owing to the illness of my first con-

tracting publisher (Mr. Trevathan), I had to move my work to another publishing house, which has thrown me about three weeks behind. I hope that the delay will not be dangerous; the delay was unavoidable, however. I beg the pardon of the many brethren who have ordered copies of the work and assure them early attention. I have decided to give the readers of the grand old BRIEF some inside track in the purchase of my book. The price is fifty cents, and this edition is limited. But those who order immediately, up to and including July, 1900, can secure a copy, postage prepaid, for twenty-five cents in currency and ten cents in stamps, thirty-five cents in all.

This little book is intended to help bring us to the unity of the spirit in medical science. I am now preparing a revised edition which will be more than three times the size of the present work, as it will contain about thirty-six thousand words, while the present work contains about twelve thousand words. One dollar will get the present volume and a copy of the revised when struck out (about November, 1900). I desire cooperation from all parts of this continent, telling what you know about this disease. If it is small-pox, state why, or if you think it something else, state what it is and why, and if my correspondent is a graduate, state where graduated. We must do better in the future than we have in the past, or else our profession and our science is a flat failure.

It seems that we are getting into almost as bad a muck as the religious world, who are fighting and devouring one another. One is saying lo, here! and another lo, there! the inquirer knows not what to do.

I have undertaken a work that few men would have undertaken under such embarrassing circumstances, and I want your help. Do not be afraid that the work will be a failure, but come to the front and help me with your pen if you can not with your money. I mean to succeed in this work if the profession will stand by me, and I believe they will if I keep the truth on my side, and this I will do unless ignorance forbid. Remember, a copy of each work one dollar.

[Written for the MEDICAL BRIEF.]

The Transmission of Syphilis and Its Horrors.

BY W. P. GRAY, M. D.,
Michigan City, Ind.

I can never treat a case of syphilis, whether of a recent or constitutional form, without feelings of horror and regret. If the disease could be confined to the real guilty violator of the sexual laws of chastity, it would not have such a destructive and contaminating influence on innocent motherhood and offspring.

I know a beautiful young woman, as pure as gold, who was wooed and won to the companionship of a syphilitic husband, only to give birth to a blasted child; and both mother and child finally succumbed to the fate of this terrible disease of rottenness and filth, while the miserable husband survived his youthful wife and imbecile child only to present an object lesson of a living death to himself and a disgrace to his relatives and friends from the effects of this shameful disease.

I can never think about these cases without feeling the need of legislative enactments to punish, by imprisonment to hard labor, anyone of either sex having had a disease of this kind who would willfully marry another person of chastity and virtue, to drag them down to a low and miserable life of disease, shame and torture. I would go still further in the enactment of such a law and require physicians to register all venereal cases treated by them to health officer, and have a copy of same sent to county clerks for general inspection, and make all such registered cases act as a bar against county clerk issuing marriage license, under penalty of law. Why not require physicians to register such cases the same as any other contagious disease by contact or exposure?

I would punish by law all persons renting or keeping houses of prostitution.

Even castration by law would not be too severe a punishment to such diseased criminals who would marry other innocent persons to spread and con-

taminate them with this loathsome disease, and to preserve and protect the purity of society against the imposition of transmitting this disease by intermarriage relations. Such legal measures would soon end the great spread of this horrible disease to innocent persons by marriage, or otherwise, and would be a beneficent act of justice and charity to humanity at large. Who favors the move?

[Written for the MEDICAL BRIEF.]

Magnificent Destiny of America.

BY BRUNO WILKE,
Chicago, Ill.

What a great study humanity is! From the primeval period when the first sun gleamed down upon the virgin earth, man has been of surpassing interest to man. Prehistoric and historic through cycles and eons in the passage of time, the human animal has been the problem, the stupendous problem to himself. Back in the days when he clothed himself in skins and lived in caves, he was still the curious being and tireless investigator that he is to-day when he promenades fine avenues and dines sumptuously at the cafe or club. In all those ages what a world of action, of mighty impulse and thought which have moved mountains, that have battled with unseen forces of nature!

We search the ruins of ancient countries for signs and examples of dead and buried civilization, of people long since extinct, and marvel at the power and wisdom of humanity. Exploration societies are every year unearthing something that throws light on our departed ancestors who lived in the days when the world was young, but in these times we study the vast progeny of Adam face to face in the most wonderful age of the world. And where else does the student find more abundant material or better opportunity than in any one of the great human hives called cities? Especially is this true of the metropolitan centers of this continent, for here we have a vast conglomerate mass of human beings from every quarter of the globe, a condition unusual and which possesses no parallel in ancient or modern times. A strange anomaly is presented of the most diverse elements, races which heretofore were as far apart as the poles, becoming slowly but surely assimilated; every shade of complexion, every language, every religion, finding some common ground, some affinity in God's universal economy that all may subscribe to.

What wonders may we not see in the coming century, what magnificent achievements await this new and growing race! The future theater of all of earth's actions! And is it too much to hope that the final sum of the planet's glories, the miracles of man, will attain their supereminence here upon this soil which Columbus discovered. A world in itself is this continent of America, possessing every natural advantage for the development of a new and grander civilization.

One hundred years of national life almost prove that the republic is destined for the finest and best civilization that has been known on this sphere. With territory embracing a continent, and even extending beyond, with the most favorable climatic conditions, laws which afford the most ample expansion for ideas and acts, and a government the freest in the world, the United States is designed for an advancement along the lines of national progress that the world has not known before.

In the coming presidential campaign, when the politicians and orators are presenting the claims of their respective candidates for the highest office in the land, the mighty soul of the people, formed in the crucible of all nations, will sit in judgment on the merits of the opposing leaders, and at the November election one will be chosen without the slightest ripple of dissatisfaction or discontent from the out-voted minority. It is not far back along the road of time that the accession of new rulers, or the election of new officers, was but a signal for revolution and disintegration. But happily those are days of the past. In South America, where such things were wont to occur, the people seem to be becoming more tranquil and settled, and following the model of this country more closely.

It is the fashion to say that in America the hope of humanity rests. This is without doubt true, for viewing the world in the light of written history we see that since the colonies were founded on the shores of New England and the coasts of Virginia, there has been greater advancement and more humanity in man's relations with man than was ever known before in all the ages of the planet.

By the measure of the past is our only criterion for the future, and we may look forward with confidence to the fulfillment of a magnificent destiny for the Great Republic.

[Written for the MEDICAL BRIEF.]

Some Doctors of Long Ago.

BY JEFFREY MARTIN, M. D.,
San Francisco, Cal.

[A rejoinder to poem found on page 634, April number.]

What if the old-time doctor gave large doses?
From critic's sneer who hath escaped? Did Moses?
And all the truly great since then have truly shared
This price of greatness; and, too, like him, have fared.

Large doses! Were it a crime to thus prescribe
Or justify poet's modern diatribe?
Who laid foundation large for science Medick,
But just such large-brained men as Hunter, Physick?

The modern lab'ratory they did not have
To abstract drug's active principle; but gave
The very best they had, 'thout regard to size,
The which it ill becomes us now to criticize.

Why sin associate with medicine, I
Can not tell. Perhaps the critic modern will try;
Yet one thing patent seems to me and all,
Sin just as huge remains, while dosage has grown small.

If we our science look upon with pride,
Due credit should our father's be given, nor chide,
Because they saw not with our keen, broader eyes,
"Give credit!" This motto brings doctor's paradise.

Perhaps our grandchildren's great-great grandchildren
May see in us grave faults to criticize with pen;
Hence with true seer's vision we great care should take
To guard against all foibles and possible mistake.

[Written for the MEDICAL BRIEF.]

Disease of the Bones.

BY J. L. WOLFE, M. D.,
Cedar Falls, Iowa.

Most of us are aware that inflammation in bone may be acute or chronic, general or circumscribed, traumatic or idiopathic. It may involve the periosteum (periostitis) the compact and cancellus substance (ostitis) and medulla (endostitis or osteomyelitis). Endostitis and periostitis may occur independently, yet ostitis, more or less severe, must of necessity be a part of a pronounced inflammation of either the periosteum, endosteum and medulla.

The termination of inflammation in bone is in resolution or local death. In resolution the inflammatory embryonic tissue undergoes granular metamorphosis and is absorbed, or it may be in part converted into new bone. If the bone dies it may be cast off as a sequestrum, or remain imprisoned in a shell of new-made osseous tissue, the involucrum.

When the inflammation is severe, or the arrest of nutrition sudden and complete, necrosis or death in mass occurs; under other and milder conditions of death in bone, the process of dissolution is known as caries. In necrosis, which is aptly compared to gangrene of the soft tissues, the cast-off portion retains something of its original form and character; in caries, which is the molecular death or ulceration of bone, the cell elements disappear by granular degeneration, leaving no trace of the original structure. When a bone is subjected to irritation by a force applied from without, or an interference with its normal process of nutrition from within, the earliest change which occurs is hyperemia, with marked increase in the number of white blood corpuscles. With the dilatation of the blood-vessels and escape of the leucocytes into the extra-vascular spaces, cell activity becomes general. Rapid proliferation occurs in the cells of the periosteum, the medulla cells, and the myeloplaxes, found not only in the central marrow, but around the vessels in the Haversian canals, the connective tissue cells and bone corpuscles.

Coincident with the formation of this embryonic tissue, absorption of the surrounding and contiguous osseous lamella occurs, giving rise to abnormal, and often multiple and communicative cavities, known as the caverns of Howslip. The cause of this absorption has not as yet been satisfactorily explained. Up to this point in the progress of inflammation, the progress is practically the same in all forms of ostitis, whether acute or chronic, traumatic or idiopathic. If the ostitis is mild in character, and the tissues involved are in proper condition to resist disease, a portion of the mass of embryonic cells disappear by absorption, while the remainder becomes converted into new bone, which new formation is compensatory to the loss of tissue in the earlier stages of the inflammation. This result may occur in the periosteum, compact tissue, or endosteum.

Inflammation of the periosteum and the underlying bone may result from direct or indirect violence. A fracture will produce a typical acute ostitis, while the same may be secondary to an injury of a joint. Traumatic ostitis is almost always acute, while idiopathic inflammation is usually sub-acute in character. Ostitis and periositis occur chiefly as expressions of a dyscrasia. They are frequently met with in patients suffering with tuberculosis, scrofula and syphilis. Tuberculosis in bone, usually occurs in the young, and naturally in children of tubercular parentage. The vertebra, ribs and sternum are more apt to be attacked, and next in order are the tibia and femur.

The protection of the capillaries in bone which is undergoing active development is so deficient that extravasation occurs with such frequency that the process may be almost considered as physiological. This is especially true of the short spongy bones. If, to this be added the fact that these bones are the most frequent seat of the inflammatory change, it is not difficult to conceive that an extravasation, which would be practically harmless in a vigorous and healthy condition of the bones, might induce serious inflammatory changes in tissues already deficient in nutrition.

The earliest indication in the treatment of acute periostitis, is rest in bed, with the parts involved in the position of least discomfort. Hot applications by means of the rubber water bag, or cloths dipped in hot water and partially wrung out, will be found of value. When the inflammatory symptoms are severe, as determined by pain and swelling, a free excision should be made, which should not be delayed, as great harm may result. It is better to err on the safe side if the diagnosis is in doubt, and make the incision through to the bone.

[Written for the MEDICAL BRIEF.]

Not Spinal Compression.

BY JOHN E. WEAVER, M. D.,
Rochester, N. Y.

I have just now been greatly interested in reading the auto-diagnosis of his case, as given in the April BRIEF, page 567-8, by S. S. B., of Louisiana.

The writer is an intelligent and an observing man, and has some good reasons for his diagnosis, but he has not spinal compression, unless I am much mistaken, or he would also get some nerve symptoms from the lower extremities.

The only thing he mentions that was prescribed that would promise good results, he did not try; *i. e.*, massage. This, however, would not cure him alone, but must be aided by internal treatment. The ammonium iodide and strychnine you recommended I believe would do good, but if it were my case I would examine carefully his liver, abdomen, and stomach, tongue and urine, before prescribing.. I believe he has seen too many expert specialists. Some old-fashioned, common-sense, general practitioner would cure him.

Chronic Rheumatism.

Dr. C. P. Cooley, Pine Bush, N. Y., reports case of chronic rheumatism in a lady of forty-five. Brick-dust urine, frequent micturition, wandering pains, etc., of three years' duration. Ordered Lithiated Hydrangea, teaspoonful four times daily, with rapid improvement. In two weeks all pain had subsided.

[Written for the MEDICAL BRIEF.]

Things in General, Nothing in Particular.

BY DOUGLASS HAYES, M. D.,
Tracy City, Tenn.

On account of our general association with the laity, and especially to the old woman of that particular denomination do I wish to pay my respects. That dear old adviser, whose heart is far greater than her mental faculty! how often she comes within our path, and with that motherly advice, which, at times, comes near costing us our patient's life! Brethren of the BRIEF, you all know her. You meet her daily in very near every house you visit. That kind, good, sweet old lady, who generally has but little to say while you are present, but whose tongue, in your absence, is equaled only to Dewey's bombardment of Manila Bay. She knows it all; and how often are we called upon to confront her. We are forced to reason with her for fear of wounding her feelings—remember the damage she can do you were you to vex her. Just the way to handle her requires the qualification of a major-general. Well may we say that the life of a medical man is one continued study. When not absorbed in our books we are studiously at work on Nature. To be a successful practitioner you require far more qualifications than our medical works teach. To be successful you must be blessed with that good old knowledge so often termed horse sense. To be the major-general required to master that dear old woman, this is surely required of you. Have patience with her. Treat her exceedingly kind, humor her whims when you can without it being detrimental to your patient. Care nothing for yourself. Teach her to love you if possible, and from the influence of her tongue you will reap your golden reward.

Now, for the cranks of our profession. We have them as well as the laity. No community is exempt. I call to mind a professional brother who lives within one of the middle counties of this State as a topic for my remarks. From a medical standpoint he is bright, he is well posted in the various branches of medical literature, in fact, he has an open challenge to stand a competitive examination with any physician from the Mason and Dixon line to the Gulf Coast, and I expect he would be warm company for the one who accepts his challenge. But with all of this he is a crank. A horse is a horse, it matters not of what color; but this brother just referred to can not see it in that way. Describe your horse to him as being white, visit him riding a black, and he will question it being of the equine species. Why? Because it is not white. He questions the existence of the small-pox in the South because he does not find it exactly as he reads of it in his books. He can make no allowance for variation, and if one of his diagnostic symptoms are wanting, he is then at a loss to name the disease.

From personal experience I find in each State, each county and in each person a marked difference in disease of the same name. None of us are infallible, but are apt to err. We all have our hobbies, but with some they are so marked as to very near extend to a form of insanity.

To the Editor of the BRIEF I extend my greetings. My remarks are not meant for flattery, but he is my ideal of a true practitioner, for his judgment is backed by horse sense.

Deafness of Middle Ear Sclerosis.

Fischerich reports satisfactory results in one hundred and twenty cases treated during the past four years by the intratympanic injection of a two per cent aqueous solution of pilocarpine introduced by means of a flexible tympanic catheter passed through a metallic eustachian catheter well up into the tube. The course of treatment comprises thirty to fifty daily injections. The dose at first is six to eight drops, gradually increasing to twice as much.—*Laryngoscope.*

Works to Perfection.

Dr. G. Willis Bass, Minneapolis, Minn., says: In obstinate constipation, accompanied with functional dyspepsia, Chionia works to perfection after the failure of other remedies.

THE MEDICAL BRIEF

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Editorial.

Dangerous Remedies.

The increasing number of deaths caused by Sulphonal and Trional have made a considerable stir in the profession. Dr. H. C. Wood, Jr., the well-known authority in therapeutics, has issued a warning, based on a thorough study of the poisonous effects of these two drugs. He says that the increasing frequency of chronic sulphonal poisoning has made only too many physicians practically familiar with the symptoms of this fatal intoxication. The first signs are, unfortunately, so *unsuggestive* as to often escape notice *until the patient's death warrant is read in the blood-red urine.*

These premonitory symptoms of nausea, general lassitude and weakness, diarrhea or constipation, which, if understood, might serve as a warning in vigorous subjects, do not occur in neurasthenic women, the very class which furnished the majority of poisoning cases, and attract the attention of physicians.

In advanced stages, there is a greater uniformity in the symptoms. Colicky pains, vomiting and absolute constipation—which is difficult to overcome by the most heroic measures. There are grave changes in the nervous system. The weakness becomes a paralysis, sometimes more or less general, but usually confined to small groups of muscles. There is pronounced ataxia of legs and arms, and finally the port-wine urine, due to hematoporphyrine, of high acidity, and later albuminous.

The symptoms of trional poisoning, while not less dangerous, are more insidious than those of sulphonal, and are less apt to be observed until its effects are irremediable. They resemble those caused by Sulphonal, but with certain differences, and usually occur in the following order: Headache, giddiness, staggering gait and paralysis, even to loss of control of sphincters, and almost loss of power of motion.

Of twenty cases of sulphonal poisoning reported, seventeen had a fatal termination. In nine cases of trional poisoning, three died.

The significance of Dr. Wood's statement is tremendous. It means that doctors who use such remedies are doing more harm than good. That the art of healing is becoming perverted by such means. Now, why is it that when doctors want a hypnotic, or other remedy to effect a certain purpose, they do not select one which has stood the test of time, which we know all about, and which is both safe and sure? There is Bromidia, for instance. We have all been using it for a matter of thirty years. Its fame is world-wide. The makers have a high reputation for the quality and reliability of their products. And

why do we give dangerous hypnotics, when we have good old stand-byes like this to depend on? Bromidia is not cumulative, it can be given for as long as needed, and then left off without any trouble. Patients show no idiosyncrasy for it, if the dose is intelligently regulated. In suitable dose it never disturbs digestion or impairs other functions.

How to Stop Pain.

By this we do not mean the giving of morphia, or other narcotics, but the use of medicines and measures to remove the cause of the pain.

Our efforts to relieve pain are largely empirical for want of a clear understanding of its cause and nature. Pain may be a symptom of functional disturbance and located in the offending organ, as in dyspepsia. Pain may be referred to some organ distant from the source of trouble, as in bilious headache. Pain may be the symptom of a diseased nervous system, as in the lightning pains of locomotor ataxia, some kinds of neuralgia, etc.

Now, to give morphia for all these kinds of pain is like chloroforming a man every time he is miserable for any cause. The rational procedure in either case is to ascertain and remove the cause of trouble.

If a patient suffers pain during digestion, the character of the pain, taken with other symptoms, points to the treatment. If it is dull and heavy, with flatulence, he needs a stomachic and secernent. Give him a teaspoonful of Seng when he sits down to the table, and ten drops of dilute hydrochloric acid in two-thirds of a glass of water after meals in addition, for a few days. But if the pain is of a violent, cramping nature, anti-spasmodics and nervines are required. Fifteen drops of Bromidia with a teaspoonful of Celerina acts beautifully.

When it comes to headaches, we too seldom try to make a scientific diagnosis, just give morphia, or other pain-relieving agent, and go on. The pain comes back again and again until some serious disease is firmly established or nervous prostration occurs.

The bilious headache may usually be known by the jaundiced and blood-shot eye-ball, and by its periodical recurrence. The persevering use of Chionia will cure most of these. Obstinate cases will require the use of an alterative in addition.

Pain in the top of head usually means disease of the womb, rectum or colon. Aletris Cordial, epsom salts, collinsonia and hydrastis canadensis, Iodia, with whatever local treatment is needed, will cure these cases and stop the headache.

In rheumatic headache, Tongaline and cimicifuga are excellent remedies. In simple congestive headache, Peacock's Bromides, tincture gelsemium, with a hot foot-bath and a purgative will cure.

Neuralgic pains in the head indicate eye-strain, nasal catarrh or torpid kidneys. Sanmetto, Basham's mixture, citrate of potash, will permanently banish them in most cases.

The host of spinal neuralgias cause pain in the muscles of chest, abdomen, pelvis and limbs. The patient almost invariably attributes the pain to the organs in the painful region. He will tell you he has a pain in his lung so he can not breathe, when it is only a spasm of the intercostal muscles preventing free expansion of the chest. Or, perhaps, he locates it in his heart, stomach, bowels, kidneys, or genital organs. A large hot poultice to chest or abdomen, with a mustard plaster to back of head and down spine, with frequent small doses of nitro-glycerine, aromatic spirits of ammonia, or other diffusible stimulant, will usually institute a miraculous recovery and make your patient think you a wonderful man, who can just play with disease.

Study the significance of pain, Doctor. Trace it up. Find out its exact nature and cause. Then treat it rationally, and we shall be in a fair way to escape the tyranny and blight of narcotic drugs.

Another Lesson for Us.

A recent experience of Dr. F. C. Simpson, related in the *American Practitioner and News*, furnishes a new text for the discussion on the importance of pure, active drug preparations.

It seems he was giving a patient twelve drops of tincture strophanthus every

four hours, with a teaspoonful aromatic spirits of ammonia. By mistake the patient took a teaspoonful of the strophanthus. The Doctor was hurriedly summoned, but neither then nor at any other time, could he find any effect from the overdose.

Doubtless this tincture of strophanthus was inert, shop-worn, made from commercial samples of the plant which had long lost their virtues. If the Doctor had been depending on the strophanthus alone to stimulate the heart, he would have made no progress with his case, but the ammonia did for his patient what the carbolic acid in antitoxin does for certain diphtheria cases. It produced results, and but for the mistake, he would never have realized so plainly the importance of seeing to it that you have pure, active medicines of uniform strength to depend upon.

When it comes to heart stimulants this necessity is a most vital one. Heart stimulants are often our sheet anchor in crises, and a life is easily lost by depending upon worthless preparations.

Our partiality for the ethpharmal, proprietary medicines is well known. When the physician has the self-interest and pride of a manufacturing chemist acting in his favor to furnish him reliable remedies, he is sure to have something he can depend upon so long as no substitutor comes between him and the manufacturer

It is unfortunate for the profession that all remedies are not proprietary. The man who makes a few therapeutic specialties can, and will, know more about them, take greater pains in manufacture, and necessarily turn out a finer product than the great wholesale manufacturing pharmacist, because, where there is so much to be done, machine-like routine and precision are necessarily adopted, and kill out progress and development to a great extent.

A good way to keep in mind the importance of good medicines, is to experiment systematically with the different remedies which have given you good results in practice. In this way, you will refresh your knowledge of their indications and uses, as well as ascertain the quality of the preparations you are using. All kinds of knowledge becomes dulled by disuse, or a vague, indefinite application, requiring to be vitalized by some such method as the above. Surely the physician, more than any other man, needs to be thorough, accurate, positive in his therapeutic knowledge, and to have his drugs as good as they can be.

Try this plan, Doctor, and see how well it works. Take some standard proprietary medicine, or a tincture which you can trust, read up its indications, and test it in your own experience.

A Necessity.

Doctors do not practice what they preach. They explain to others the importance of regular vacations. Expatiate eloquently upon the advantages and benefits to be derived, and then stay at home and drive themselves in the old routine until the heavy hand of incurable disease bids them desist from work altogether. Or, perhaps, death cuts them off in their prime.

Every doctor who has worked regularly and conscientiously can afford to take a vacation, if he is willing. A vacation does not necessarily mean a long and expensive trip, calling for fashionable clothing, or a variety of paraphernalia. It does not mean an entire change of scene, occupation, thought, habits, etc. Go off and live with some old farmer for two or three weeks. Interest yourself in his life and pursuits. Do not talk shop or read medicine at all. Give the professional part of your nature an entire rest. Let it starve awhile, and you will be surprised to see how keen and acute is your diagnostic ability when you return to the harness. Your work which, perhaps, had become a weariness and effort, will be invested with new interest. Your patients will feel and respond to the influence of your reinvigorated spirit.

Take a vacation, Doctor. Go into the woods. Hunt, fish, chop trees. Go to some of the small watering places. Forget you are a physician. Forget you know responsibility. Forget you ever had any dignity or position to uphold. Forget you are old, or weary, or sad—if you are—and do as the young and frolicsome around you do. Never mind if it seems irksome at first. Gradu-

ally you will enter into the spirit of the thing. And you will be surprised to see how you eat, sleep, and enjoy the passing day.

Every hard-working man—and who works harder than the doctor?—should have a short vacation two or three times a year. He gets a new lease of life by it and is enabled to keep up the standard of his work.

The Editor is accustomed to follow this plan, and by means of it can still work with all the enthusiasm and energy of youth. But when away on a vacation, medicine, and all that relates to it, is a closed book. We are often asked why we do not attend the meetings of medical conventions, or call upon brother editors and professional friends when visiting their home cities. It is because medicine is our staple diet at home. Reading, writing, studying and talking medicine constantly, necessitates an entire change to derive full benefit from a vacation.

Go somewhere, Doctor. It will pay you in more ways than one. People can get along without you somehow, and will be correspondingly glad to see you when you get back. Respect and care for yourself, even if it causes you some trouble. Others will imitate your example to your profit.

The Common-Sense of Faith.

We are accustomed to regard faith as a something which pertains exclusively to religion, but it is also the fundamental consideration in every development, achievement, acquisition, accomplishment of any nature.

Given faith, belief and works follow as a matter of course. If faith is great enough, it matters not in what direction a man's energies be turned, a certain amount of success, commensurate with his abilities, will follow. We are so placed in this world—with a veil hanging over the future—that some faith we must have. None of us can predict, with a certainty, how a venture will turn out. By faith we lay hold of an ideal, an object, work, learn, grow in status. If faith is strong enough, all things else will be added.

The strongest and truest natures have the most faith, but the cultivation of faith will develop, purify, and strengthen the weakest. Faith casts out fear, and fear is a disease of the soul which weakens the body. Faith appears to be a faculty of the soul which enables man to grasp and retain all that is highest and best in life. Faith in self, faith in human nature, faith in the triumph of good over evil, faith in the provisions of natural law, all work themselves out in manifold directions, and all contribute to faith in God and a life everlasting.

Faith has many monuments. A flourishing business, a successful invention, a stately building, medical and surgical skill, an honest man, these are visible and tangible evidences of the triumphs of faith. Civilization, as a whole, is the work of faith. Many have paused to question its uses and benefits, but the powerful current of faith has swept mankind past these little temporary eddies, and the great work goes on, though here and there every moment a worker drops his tools and falls away into the infinite.

Since the inculcation and strengthening of faith is the chief part of life's lesson, and we are plainly shown that it is the condition by which all things else are obtained, why do we persist in demanding material proof, sensual evidence of immortality? Such a demand is part of the old leaven of selfishness. We want all things to come to us, to submit themselves to our standards of judgment. We want to live down on the plane of selfish ease and gratification, and then be assured in unmistakable terms that we are going to have things our own way hereafter as well as here.

We do not want to make the effort to refine our instincts, to cultivate our perceptions and develop intuition. We do not want to live at a moral altitude where effort is the law of life, where the light shines so brightly that we must loathe ourselves unless we strive for righteousness. So we let faith faint and starve. Assure ourselves that this life is all and we may as well eat, drink and be merry. Or, perhaps we say that we did not make ourselves and are not responsible; that Christ kindly died to liquidate any little account we may owe,

and that all we have to do is to render lip-service on stated occasions to square things.

Those who do not believe in immortality have no religious faith because they are unwilling to pay the price. The next class are uncertain. They want easy-going, comfortable lives here, but have a combined hope and fear that they may scrape through an investigation of individual merits by professing reverence for the virtues of One greater than they.

This last is a childish and pitiable conception of immortality. Science has taught us to believe that immortality is an *estate* reached by the entity in man through growth and development under natural laws. Immortality is a graded status earned, reached, arrived at, not a privilege bestowed like an earldom or a duchy. We know that if we should take a printer's devil and elevate him suddenly to the position of editor-in-chief of a great paper, he could not, with the best will, discharge the duties of the position. But had he faith and determination, he might, in time, and by successive steps in development, reach that position fully equipped for the place.

The faithful who struggle for righteousness in the midst of limitations, who endeavor to live up to the light they have and seek constantly for more light, have a consciousness of immortality akin to knowledge. They are working for the promotion which comes through individual betterment in this world and all others. As a consequence, they do cheerfully, to the best of their ability, the things which come to hand, and enjoy an untroubled spirit.

The Fruit Cure.

Many people have a diathesis which causes numerous unpleasant symptoms. They are seldom seriously ill, but always more or less unwell. Whether this diathesis be rheumatic, strumous, hemorrhagic or others less common, nutrition is always more or less disturbed. Continuous medication is not advisable. Some scheme must be devised whereby dietetics and hygiene will keep these patients in fair condition.

The fruit cure should have first place in such a scheme. Let patients who suffer from a rheumatic or scorbutic taint, or who inherit a tendency to tuberculosis, breakfast on fruit alone. Apples are especially valuable, because the malic acid which they contain, taken so early in the day on an empty stomach, is transferred into alkalies, thus diminishing the amount of free uric acid in the blood.

The entire breakfast may be made of apples; or an orange, grapes, a dish of strawberries, whatever fruit is in season, may be added if the patient desires it.

Occasionally, we come across an exceptional individual, who is not benefited by the fruit breakfast. If his objection to it is not removed by a few trials, it should be respected as a natural idiosyncrasy. These individuals should eat no breakfast, taking simply a glass of hot water, to which may be added some aromatic principle to give it an agreeable taste. Or a glass of one of the carbonated mineral waters may be chosen.

Those who take the fruit cure should have no other food in the morning. No coffee, tea, meat, bread, or anything but the fruit. They can have as much of that as they desire.

No medicines should be given in the morning. Give the fruit an undisturbed opportunity. In many cases it will prove all the corrective needed. Those who have pronounced kidney symptoms, or whose systems are saturated with uric acid, may need temporarily a renal tonic and alterative. Give these last patients, in addition to the fruit cure, a teaspoonful of Lithiated Hydrangea after lunch, after supper and at bedtime, but none in the morning.

Fidelity to the fruit cure will work a great change in patients who feel dull, have little appetite, are stiff and heavy, have vague pains all over them, food is tasteless and heavy on the stomach, complexion sallow and doughy, who take cold easily, have poor circulation, etc.

Try the fruit cure on patients who are chronically ailing, who worry the life out of you because you can not get them well and keep them so, and who make you wonder why you ever adopted such an ungrateful and arduous profession as medicine.

Cumulative Effects of Strychnia and Digitalis.

Strychnia and digitalis have each a peculiarity which requires care and watchfulness in their administration. They are both cumulative, and may suddenly cause symptoms of the most alarming nature. Unless the physician is aware of this fact, and on the lookout for premonitory evidences of poisoning, he may even lose his patient. Certainly his remedies will do more harm than good.

The prolonged use of strychnia in full doses causes a *contraction of the renal arteries*, diminishing the activity of the kidneys, and consequently preventing the elimination of the drug. The action of the skin is also lessened, and nervous tension increased to the point of spasmodic irritability.

When patients taking a course of strychnia become irascible, manifest pronounced exaltation of the special senses, complain of muscular stiffness or exhibit slight muscular twitchings, stop the drug at once. If the symptoms appear threatening give diffusible stimulants and diuretics. There is nothing better for this purpose than teaspoonful doses of aromatic spirits ammonia in a small glass of water.

The better plan in strychnia medication is to give it intermittently in alternation with other remedies. Have the patient come and see you once a week, that you may ascertain his exact condition, and change off with other remedies from time to time. You get better effects from a drug in this way. A remedy which is taken continuously loses its cutting edge, aside from the question of cumulative poisoning.

One of the first evidences of systemic saturation with digitalis is *loss of appetite*. In some patients this disturbance of the stomach amounts to positive nausea, vomiting and diarrhea. Another evidence of depression is found in a pulse *abnormally slow*. When these symptoms occur, stop the digitalis at once.

Digitalis is, pernaps, the most abused drug in the *materia medica*. In the minds of many physicians, heart disease and digitalis are correlative terms. Digitalis acts principally upon muscular structure, and the heart must be in fairly good condition to respond to this remedy. Patients in whom the muscular structure is weak, or degenerated, as in fatty heart, atheroma, etc., are injured, rather than benefited, by digitalis. In cases where its depressing effects are soon manifested, it is better to reject it altogether and substitute some milder remedy. Indeed, digitalis, although a powerful remedy and invaluable in certain cases of valvular insufficiency and temporary cardiac failure in acute disease, should be regarded as an *emergency drug*, and restricted in its application.

Ultraism.

Reforms, progressive movements of all kinds, suffer more at the hands of their friends than of their enemies. It is the ultraist who brings a theory, or proposition, into disrepute. The ultraist has no sense of propriety. He takes hold of an idea with undisciplined energies, and having no powers of calculation and little self-control, never stops until he runs it into the ground or makes it swallow the Universe.

It is the ultraist who is responsible for sectarianism. In politics, medicine and religion, the ultraist wants to make the narrow tenets of his belief cover the whole ground. He makes a sweeping division of humanity into wise men and fools, the elect and the condemned, regular and quack, according to whether or not they accept his interpretation.

He is the patron of fads, extremism and excess. No absurdity is too wild to be endorsed by the ultraist. Fanaticism is his trade-mark, excitement the breath of life to him, and the generation of gas his principal occupation. He is great on painting rainbows and hailing the millennium. His ideas about ways are vague and indefinite. When reforms are proposed, he generally limits himself to advocating the tearing down of forms and institutions painfully established by the experience of others, and gained through the shedding of tears, blood and sweat.

The ultraist is great on revolutions, but evolution is too slow for him. Agitation, denunciation, ridicule, persecu-

tion, are the means he used to hurry Nature. He is always in a ferment, sowing seed of discord and discontent. His words rankle, fester and poison the minds of his associates. The ultraist can see nothing good in the life and works of those who differ with or oppose him. He is full of invidious comparisons, always drawing unfair parallels. He is pessimistic about present conditions, but positive that his panacea would restore the golden age to society.

The ultraist is a fire-brand, narrow, intolerant, superficial, dangerous. His energy and persistent self-assertion sometimes make him a leader, and he obtains a considerable following among people little used to reasoning, who take him on faith. As he invariably chases a mirage, or teaches some half-truth more dangerous still, it is a prime necessity that we all learn to distrust the ultraist, the man whose conceited ignorance and practical inexperience are balanced by his wild enthusiasm, learn to look at both sides of every question, and do our own thinking.

Nearer the Truth.

It is becoming increasingly clear that carbolic acid does the work of antitoxin, not the depraved horse serum. Now that the enthusiasts and cock-sure men have all jumped, a more accurate and observant class of physicians have been studying antitoxin in the light of practical experience. Their findings amount to this:

First. The early injection of antitoxin is followed by recovery in a certain class of cases. Second. In other cases, and especially where used late, no perceptible effect is produced. Third. In some cases the injection of antitoxin is followed by prompt and decided symptoms of blood-poisoning. Occasionally sudden death is the result.

First. In regard to injections of carbolic acid in approximate strength to that of antitoxin (ten drops of carbolic acid to a pint of distilled water), the beneficial effects are pronounced in exactly the class of cases *helped by antitoxin*. This has been so repeatedly demonstrated that it can not be dismissed as a mere coincidence. Second and third. Pure, aqueous injections of carbolic acid have caused no poisoning cases or sudden deaths.

Why use antitoxin when carbolic acid will do all that antitoxin does and is free from deleterious influences? Why endorse a humbug? Why pay extortionate prices for a fraud? Why encourage a degenerative tendency in medicine. Why insist that it is the serum, if you have never compared the results obtained from injections of carbolic acid with those produced by antitoxin? Is it bias or prejudice which hinders you from getting down to the facts? Are you determined to swallow the horse serum metaphysics whole because it will enable you to be what you mistakenly term "regular" and "ethical"?

Is it regular and ethical to be in leading strings to self-constituted authorities more fallible than you because of their narrow, laboratory-bound lives?

Are you, who know what life and disease are by constant contact, going to accept unquestioned the dictums of closet scientists? What are your senses, instincts and intuitions for if you are to follow blindly German theorists, whose minds are filled with superstition and are pessimistic, metaphysical and speculative to the last degree. Nothing of real use has come to us from German medical circles. Germany is the home of fads. England and America are the progressive nations. English and American physicians cure their patients. Their knowledge of drugs and methods is definite and positive. They make a study of temperament, individuality, the conditions under which a patient lives. The Anglo-Saxon physician not only puts the bodily machine in order, but tries to teach the *ego* how to make life tolerable, how to adapt himself to his circumstances, how to grow and develop beyond the narrow limits of materialism.

There is a wide evolutionary chasm between the superstitious minds of animal lymph venders and the humane, cultured, up-to-date Anglo-Saxon doctor. There is nothing in common between them and American physicians stultify themselves and deny the dic-

tates of common-sense when they consent, for any reason, to regard tainted horse water as a scientific medical discovery.

Uric Acid.

Uric acid has assumed a position of such importance as a pathological factor that it requires a most careful study.

Uric acid is undoubtedly a product of malassimilation. Persons who suffer most from uric acid formation are neurotic, live sedentary lives, are very susceptible to cold, have digestive irregularities and incompetent kidneys. They are persons whose vitality is deficient, muscular system weak, and there is a lack of hemoglobin in the blood.

The vigorous and active muscular system consumes hemoglobin in quantities, and consequently creates a large demand for it. There is a reaction between the hemoglobin and uric acid, during muscular consumption, in which the latter is burnt into more soluble products.

When the muscular system is undeveloped, or but little used, the liver and kidneys will try to modify and eliminate the uric acid as best they can. Nervous tension is increased, the heart beats faster, the brain is more sensitive, the blood is comparatively cold, because of the deficiency of hemoglobin, and the skin, rendered conservative, because of the small amount of heat manufactured, is ever alert to prevent its loss by radiation.

With these conditions, health is unstable, because the system is always in a more or less unbalanced state. There will be irregular crises, when the uric acid accumulates in such quantities that the system can not dispose of it, or when the strain on any one organ becomes too great, or when excesses or exposure precipitate disease, or when vitality is reduced from any cause.

The crisis usually consists of a nerve storm, as sick headache, epileptic convulsions, gastralgia, angina pectoris, renal colic, spasm anywhere, followed by relaxation, prostration, profuse urination and sweating, with rapid elimination of uric acid and temporary subsidence of symptoms.

Patients whose vitality is somewhat greater, and who have learned how to manage themselves, avoid these storms, but suffer in a minor degree from nervousness, spasmodic circulation and renal irritability.

In the treatment of this diathesis, mild, systematic, open-air exercise is of the first importance. At the same time too much exercise is as bad as too little. Regular exercise creates and keeps up a demand for hemoglobin, but overexercise breaks down muscular structure and fills the system with poisons. It also drains vitality.

The next question is diet. The fruit cure—a breakfast composed entirely of fruit—an abundance of pure water—meat but once a day, and an avoidance of vegetables containing nitrogenous principles, will aid greatly in modifying this diathesis.

But inasmuch as we can not re-make ourselves in a single generation, uric acid will continue to form, and gradually to accumulate, causing symptoms more or less troublesome. If Doctor and patient learn to recognize these early, and give eliminating agencies to unload the system before the irritation reaches an explosive point, the patient's suffering can be cut short, an attack of sickness prevented, and his business value need not be injured by the stigma of uncertain health.

Two excellent preparations for eliminating uric acid are Lithiated Hydrangea and Sanmetto, adding ten grains citrate potassium to each drachm of Sanmetto. Epsom salts is a good remedy where there is fullness of tissue, abdominal plethora with sluggish bowels. If arterial tension is very high, jaborandi is often useful in conjunction with the above treatment.

The value of iron in stimulating the assimilation of oxygen must not be overlooked. It acts very well in combination with ammonia, if you can get a fresh, well-made *mistura ferri et ammonii acetatis*.

Flannel should be worn next the skin the year around, regulating the weight by the temperature and atmospheric conditions.

Growth of Insanity.

The increase of insanity in these modern days greatly agitates the minds of students of social science. The increase is more apparent than real. There are more cases, but the reason is that our knowledge of insanity is greater. We expect more of people nowadays. We notice departures from the normal quicker, and science has taught us the necessity for prompt and active measures.

We moderns do not condemn or persecute our insane. We do not consider them from a theological standpoint at all. We have even advanced beyond the point where we are satisfied to simply shut them up and leave them to living deaths, the prey and sport of delusions and hallucinations.

A perception of how narrow is the boundary between sanity and insanity; a consciousness that we, ourselves, occasionally hover about this bounding line, and are held back only by a firm clutching at self-control, has awakened a sympathy and understanding which seek earnestly to restore those who have gone over into the dreaded land.

Anyone who has been temporarily deaf from a cold knows what a far-away, uncomfortable sense of isolation and unreality it gives him. Also the sense of being haunted, of perplexing visions and terrifying apparitions, which attend disturbances of sight, making the individual long childishly for the most commonplace and homely realities. Then what must it be to live under such conditions?

The general notion has been that insanity was a psychic disease, due mainly to mental and moral causes, such as worry, grief, responsibility, etc.; but Dr. Clouston, of the Royal Edinburgh Asylum, who has had a very large experience, declares than an overwhelming majority of cases are the result of the pressure of physical disease on the brain. In the causation of insanity, he places drink first, then faulty development, disease of the brain structure, heredity, child-bearing, etc.

This view of the matter is of great importance to practitioners, for they are the men who see incipient and developing cases of insanity. They know that a diseased organ is always sending out abnormal reflexes, despatching morbid messages to the brain, impairing its power of self control and co-ordination. The general practitioner is the man who can choke off insanity by picturing the progress and termination of uncured disease, and teaching all mankind that health should be the first ideal of every human being.

Many people endure disease in a self-righteous spirit. They feel that it sanctifies them and gives them a claim upon the sympathies and services of everybody about them. They require to have their minds disabused of such morbid ideas, and to be shown that they are suffering because sinning in not trying to learn and obey the laws which govern health. People who regard disease as a Providential dispensation need a little intellectual dynamite let off occasionally by a wide-awake doctor.

Diagnosis.

In making a diagnosis, physicians are learning to rely more and more on inspection, palpation, measurements, etc., and less on the patient's powers of description. Of course, it is well to hear all the patient has to say, but avoid leading questions, comments, inferences, etc., during the examination. The patient is certain to be influenced by his temperament, and while, if intelligent, he may be of much assistance, the doctor can not afford to depend upon the accuracy of a layman's observations.

Some doctors allow the patient to make the diagnosis, and treat an effect instead of a cause, with only temporary benefit, until the patient becomes discouraged and seeks another physician.

Disease hangs out signs and warnings in abundance to him who can interpret them correctly. The physician who knows the body, its laws and principles, the close sympathy between its parts, can detect evidences of wrong life which have no significance for the average observer. For instance, a pale, coarse-grained skin means a poor circulation and deficient glandular activity, spasm or twitching of muscles means irritation of the cerebro-spinal system, tremors

mean imperfect inhibition, dulling of the special senses means lowering of general sensibility. Sluggish reflexes signify that innervation is impaired and function torpid in the parts. The reflexes should be tested in all chronic diseases to determine to what extent the system is involved.

In making diagnosis, remember that organs easily congested become foci of reflex disturbances, that an inflammation of any mucous membrane will keep right on spreading until the whole lining membrane of the body is affected. Also, it will penetrate to submucous structures, etc. A pair of congested tonsils may cause the most obstinate facial neuralgia, cellulitis of neck, cervical adenitis, toothache, earache, sore eyes, etc.

Congested livers and spleens are responsible for a variety of intercostal and abdominal neuralgias, pain in shoulder and back. A prolapsed and congested colon may be responsible for chronic constipation, auto-intoxication, sciatica.

The physician who is well up in regional anatomy and physiology, makes a thorough examination, putting two and two together, and reviewing all the possible causes for a pathologic condition before he decides on his diagnosis, will usually hit the bull's eye.

By long experience, and great natural aptitude, some men can make an intuitive diagnosis which is correct. The operations of logic are performed with incredible swiftness. But the average doctor must form his conclusions by workmanlike methods.

Abscesses and Ulcerations.

Abscesses and ulcerations are symptoms of a devitalized condition which may be local or general. If local at the start, it will become constitutional by infection through the blood and lymph system unless early and properly treated.

The tissues around an abscess or ulceration are full of waste matter which is obstructing and impoverishing the circulation of the part. The abscess, ulcer, sinus, fistula, whatever it may be, is an expensive form of drainage, which Nature establishes and which usually fails to effect a cure because of the secondary infection by lymph channels which it favors.

In the treatment of abscesses and ulcerations, heat is invaluable. It may be made either a stimulant or sedative, according to the time and method of application. A high degree of heat, used at frequent but short intervals, acts as a stimulant, whereas the prolonged application of gentle heat is an admirable sedative.

Cleanliness, getting rid of waste matter in the neighborhood of the sore, and tonic treatment, both local and constitutional, are important. The use of peroxide hydrogen, in solution, can not be improved upon as a cleansing agent.

When the sore ceases to foam, it is chemically clean. Gentle massage of the surrounding tissues, before the cleansing process is begun, will aid in evacuating waste matter. When the sore is clean, pour undiluted Ecthol upon it and bandage with antiseptic gauze. Saturate the bandage with Ecthol and apply a suitable covering.

To vitalize the blood corpuscles, which are the reparative agencies in destruction of tissue, a course of Ecthol should be given. A little strychnine may be also needed now and then to improve the tone of nervous system, which always suffers when the blood is impoverished or impure.

The faithful carrying out of this plan of treatment will readily cure old, chronic, discharging and callous sores of all kinds, which try the physician's skill and patience, sometimes reducing him to despair.

Do not confuse sores of the above character with those attended by the cardinal symptoms of acute inflammation. They are as far apart as vital excitement and depression can make them. Listerine is valuable in controlling localized excitement. When the itching, fever and tinging first begin, applications of Listerine, to which a little glycerine is added to keep it from evaporating, will dissipate the swelling and stop the irritating sensations.

The Ounce of Prevention.

The influences of civilization have greatly modified the character and course of disease. Artificial life and herding have done their work. Disease has lost much of its virulence, become more gradual in its development and chronic in its manifestations. While men are not prostrated and blotted out in a few hours nowadays, perfect health is a rarity. People are conscious of suffering, of a want of vigor and elasticity, but take it out in grumbling, self-experimentation and fads, instead of periodically consulting a good physician to have the physical machine inspected and put in good running order, and get the benefit of ripe judgment as to the art of living.

This is largely the fault of the profession. We have not made a strong bid for what may be styled "preventive practice." We have not tried to educate the public as to the value of professional opinions and supervision. A man will give all that he has for his life, and call it cheap if he feels that he is getting value received, but we are doing little to form public sentiment on this line. We are not making persistent efforts to teach people that they are constantly sowing the seeds of disease and death, and that the body requires frequent overhauling by the scientific observer and trained therapeutist to ward off the approach of disease.

The present status of civilization compels many people to live a one-sided life, under artificial conditions, in the struggle for existence. This puts a strain on vitality, which sooner or later throws the system out of balance. There are numerous simple vegetable remedies, and many devices which the doctor can think out and adapt to his patient's need, which will make the latter's condition much more tolerable. For instance, if the seamstress will stop her work for a few minutes several times daily, go out on the porch, stand erect and breathe deeply for five or ten minutes, the oppression of chest, which often leads to consumption, is relieved. The same is true of book-keepers, clerks, etc.

A debilitated spine is a prolific source of disease. Much relief is obtained by training patients to *sit and stand erect.* Sometimes this practice alone will cure dyspepsia and pelvic diseases. Varying the nature of an employment, or a few minutes of utter relaxation, is refreshing and recuperative.

All around us there are men and women more or less deformed and shapeless as the results of ignorant living. Relaxed, unused muscles, with a free indulgence of appetite, cause large deposits of fat in dependent portions of the body. Joints become dry and creaking, so that free motion is impossible. The gait becomes a waddle, or is halting and lame. The smaller joints are distorted with deposits of urates. Bent shoulders, curved backs, swollen abdomens, gray and bald heads, sallow faces, thin and sunken, or expressionless from fatty deposits, are seen everywhere as evidences of faulty or arrested development. The puckered, care-worn, irritable and anxious or dazed and hopeless look on these faces show that the individual suffers, even though he does it without understanding the cause.

Now, there are ways and means of ameliorating this suffering, of controlling the obscure drains on vitality, which prevent a man's making the most of his powers, steadily progressing and enjoying life as only healthy men can. If physicians will be more practical and independent, do their own thinking, get out of the ruts, consider every case on its merits, adapt treatment to that particular case, and above all teach the people that whenever discomfort, pain, weariness or other symptom out of the common recurs frequently, they shall consult him immediately, many chronic and ill-understood diseases will disappear. Moreover, the conscientious, progressive physician will find this class of practice more satisfactory and better-paying than any other.

Fashion in Disease.

Disease is subject to the laws of fashion, especially among practitioners of a conventional type. We have all heard the joke about the doctor who divided cases into grip and appendicitis, and it contains enough of truth to sting.

When we hear a great deal about a disease, we instinctively look for it, and

unless we are very painstaking in making a diagnosis, we are too easily satisfied with a few symptoms that bear a general resemblance to the disease we have in mind. We know that the patient will be satisfied with this diagnosis for the reason that being fashionable, he is familiar with it, so we jump to conclusions and doctor our conception of what the trouble is. The result is, naturally, as many failures as successes with treatment that often goes wide of the mark.

Let us make a practical application. There is no doubt that many cases of impaction of the cecum with feces, causing pain and congestion, in right iliac fossa, have been mistaken for appendicitis. Localized inflammations of the muscular and tendinous structures of the pelvis, due to uric acid deposits, have been diagnosed as cases of appendicitis and ovarian disease, and operated on without relief. Muscular rheumatism in various situations, accompanied by spasm and deformity, is often diagnosed as obscure and incurable spinal disease, when stimulation of the circulation and eliminating organs would effect a cure. Stiff joints, the result of a drying out of synovial fluid and the deposition of uric salts, cause reflex nervous symptoms which can be cured by restoring the mobility of the joint, and in no other way. Partially ankylosed joints and stiff muscles are common in the middle-aged, and are unsuspected sources of nervous trouble not to be ignored because chronic and not wholly incapacitating in their nature. Nervous prostration may be a more fashionable diagnosis, but its treatment will not yield such satisfactory results.

The exploitation of antitoxin made diphtheria fashionable. Never before, in the annals of medicine, have we seen so many cases. Every congested throat, with mucous exudation, was diagnosed *bona fide* diphtheria. It created a sensation to use the wonderful foreign discovery. The family and neighbors talked about it and spread the news, incidentally advertising the doctor. The doctor told all his fellow practitioners, and rushed into print with the news that he had cured many sore throats with antitoxin—throats which, but for the fashionableness of diphtheria, would have been cured with honey and alum or home-made gargles.

Do not come to the bedside with your diagnosis ready-made, Doctor. See, hear and feel all you can, get all the information possible from the patient, and then think it out. It is sometimes difficult and brain racking to do this, but practice makes it easier all the time, and invests the work with a charm. Besides, it pays, pays in every way.

Look Through Other Eyes.

When a man is out of health, or is unfortunately situated in his environment and circumstances, so that he gradually falls behind in his particular line of business, he is very apt to throw the blame upon the world. Because he, personally, does not feel good and is not prospering, he thinks the country generally is going to the dogs, and that there is something radically wrong with existing political and economic conditions.

He does not realize that his trouble is personal and local. When health fails ambition declines, and energy slackens, the gap between the individual's powers and the amount of work to be done to keep up in the race for success, makes him despondent, pessimistic and bitter. Then he may live in an impoverished community where progress and thrift are next to impossible. No man can gather crops from rocky, sterile soil.

But to generalize from an unhappy, personal experience is a mistake. To regard the world with jaundiced eyes increases our misery and helplessness. There is more of good than evil in the world, more happiness than unhappiness, more prosperity than want. Let the doubting, discontented man enlarge his visual field. Let him look through other eyes at times. Let him try to see the other side. Nine times out of ten he will find the cause of all his trouble at home. Let him build up his health, become acquainted with his own nature, know his powers and limitations. Let him study his environment, the circumstances of his life. Let him investigate

the conditions and laws of material prosperity and individual growth.

If the pessimist will read all sides of every question, do his own thinking, be tolerant, temperate and persevering in spirit, his pessimism will gradually slip away from him—for it is only a psychological disease—a bad habit of mind.

Unhappiness is morbid and unnatural. When a point of view makes a man unhappy and hopeless, it is generally the wrong point. A man may meet with checks, disappointments, defeats, but if he views them from the right standpoint, they all contain the germs of consolation and recompense. Courage and action bring relief and adjustment. When things seem too bad to be borne, just look at them through other eyes.

Dyspepsia.

Dyspepsia has been called the national disease, and the blame has been laid at the door of our haste in eating and habit of guzzling ice water.

But there is a primary cause back of this, of a climatic nature, which predisposes to dyspepsia. The American climate favors the development of the *bilious temperament*. Add to this our sudden and severe changes of weather which cause frequent stoppages in the biliary secretions. Intestinal dyspepsia, with flatulence and constipation is the result. The trouble spreads by sympathy, and directly we have the whole chylopoietic system deranged.

There are comparatively few people in America who enjoy a perfectly normal digestion.

It is useless to treat this kind of dyspepsia—which constitutes three-fourths of our digestive troubles—with pepsin, digestants of any kind, tonics, etc. The *liver* is the cause of the trouble, and treatment must be directed to this organ. Drastic measures are not indicated. Mild continuous stimulation is what is needed. Chionia fills the bill exactly. It may be given alone in teaspoonful doses, half hour before meals, or minute doses of tinctures nux vomica or ipecac may be added as indicated. If the bowels are obstinately confined, laxative doses of podophyllin may be given for a few nights, after which time the natural action of the Chionia on the liver will be sufficient to regulate them.

Within a week after this treatment is inaugurated, the jaundiced skin and muddy eye begin to clear up. At the same time a pleasant feeling of mental buoyancy is experienced, for it is the hepatic torpor which makes dyspepsia such an intolerable affliction.

In chronic and intractable cases of dyspepsia, continuous mild stimulation of the liver gives the best results. If the trouble has lasted long enough, the organs of elimination, the blood, and even the nervous system, may be so diseased as to require organic remedies; but the torpid liver is the *cause* of all the trouble, and the Chionia should be given in combination, or alternation, with whatever other treatment may seem indicated to repair the ravages due to chronic dyspepsia.

Combination vs. Individuality.

There are people who regard all rich men as unconvicted robbers and rascals, preying upon a community and wringing from it by oppressive and coercive measures the means of selfish aggrandizement. In other words, they mistake the abuses of a commercial system for its nature. The elements of dishonesty and illegitimacy enter into all the pursuits of men. There are quacks, charlatans, adventurers, schemers in every trade and profession, just as there are honest and progressive men who thrive by individual merit.

The man who rails at wealth has a certain ground of truth, but he lacks the power to discriminate and distinguish.

Wealth is a great good, a great responsibility. Without it, we should have neither civilization nor culture. The man who gets rich by skill in invention, triumphs of managerial ability, great organizing and executive talent, originality and power in any line, deserves all he gets. He is a public as well as a private benefactor. The fountain of his energy and application feeds thousands of little rivulets. His example is educational. His surplus wealth is loaned to other enterprises to carry on needed works. There are many

unseen, unrealized ways in which the man who has become wealthy by the exercise of individual talents is of inestimable value and use to his day and generation.

But there is a strong tendency to-day to substitute for individual ability combinations, schemes, special laws, etc., by which a given class or industry is to profit at the expense of the general public. Efforts of this kind, not being based on natural law, are dishonest. Money made by them is a curse and will cause suffering of some kind to all who handle it, knowing and approving the means by which it is obtained.

But an evil does not stop with the punishment of those who engage in it. Nature executes her penalties for broken laws with considerable promptitude in individual cases, but the moral influence of deeds, good and bad, spreads and permeates, and can only be corrected through much suffering and experience.

Combinations are only legitimate when they are the result of growth and aggregation. A confederation of the plants engaged in an industry will be successful only so long as it keeps within the bounds of natural law. If it can make, sell and distribute a product to the greatest advantage of the public generally through wise and economic management, it will prosper, and the wealth acquired is legitimate. But if it attempts to monopolize the market by oppressing and coercing competitors and dealers, in order to compel consumers to use its product and pay its price, such a combination is a crime against Nature, and will not prosper permanently. Such wealth is illegitimate.

The study of natural law is the most important of all. Knowledge of its penalties and rewards would save us from many mistakes. It would change our point of view and basis of operations in many instances. It teaches us the advantage of bringing ourselves into harmony with it first as well as last. It demonstrates the folly of selfishness. It shows plainly that if we will make a free, cheerful, intelligent gift of ourselves to the world, it follows naturally and inevitably that we shall grow and ascend the scale of being—that we shall develop character, enjoy comfort and acquire coin.

It is doubt, lack of courage and confidence, the disposition to delay and haggle, or to gather a harvest before time and natural influences have done their work, that makes so many unsuccessful, jealous and envious men. It is always the shallow, superficial and incompetent who try to live by their wits at the expense of others. And they are doomed to live in hot water, up to-day and down to-morrow, distrusted by the wise and substantial, and devouring the ignorant and credulous. Permanent success never waits on artificial and meretricious schemes, for Nature will not have it.

Incompetent Architects.

Incompetent architects are responsible for much sickness and discomfort. Architectural science has not kept pace with hygienic knowledge. Especially is this true in the planning of hotels, halls of assembly, and public buildings generally.

The chief idea of the architect always seems to be to make a pretentious appearance and house as many people as possible in a limited amount of space. The comfort and health of these people are minor considerations, which, apparently, do not occur to the architect in draughting his specifications. The negligence to provide suitable accommodations for sojourners at springs and health resorts more than undoes the good effects of climate, change, and water.

The heating and ventilation of rooms—especially sleeping rooms—is of first importance. Provision should always be made for regulating the heat supply in each room, and ventilation must be secured without draughts. Many hotels heat the rooms by pipes running through them, and the individual occupant has no control over his heat supply. He can not adapt the temperature to his bodily condition. Night and day he is compelled to put up with the same amount of heat, and when, as is usually the case, the rooms are kept unduly hot, the individual is enervated, his

skin is kept relaxed, and every time he goes out doors, or is exposed to a draught, he takes fresh cold. At night, the heat favors congestion of the brain and sleep is restless and dreaming. The annoyance of these pipes is further increased by hideous noises when the fires are stirred and fed towards morning.

Can not the profession do something to awaken architects to a sense of their responsibility in this matter? Can we not educate the public to demand of architects a proper consideration of these points? A poor architect is the cause of as much sickness as malaria. Perhaps, he does not know it, but he will make no effort at improvement unless he is called to account.

These pipes should be boarded up and run through corridors, or carried along the walls of the building.

Heart Diseases.

Unrecognized disease of the heart is often the *radical pathology* in obscure maladies.

Heart diseases may be broadly classified as acute and chronic. Acute heart disease is usually inflammatory; sometimes it consists in sudden degeneration of the heart muscle, as in diphtheria and other infectious diseases. A severe strain, or a terrible shock, may also develop a sudden dilatation or paralysis of the heart.

When the heart, or its enveloping sac, is in a state of inflammation, with hyperactivity and increased friction, the primary indications are rest and sedation.

The patient is kept flat on his back in bed. Flying blisters over the region of heart, followed by sedative poultices of crushed linseed, saturated with an opiate, is an invaluable measure. These poultices must be warm, but not hot. The patient should be clothed in flannel, and guarded from contact with cold bedclothing, utensils, etc.

Aconite is the best drug for this condition. It controls pain, irritability, and slows the action of the heart. It must be given for its effect upon the pulse. In all cases of heart disease, characterized by rapid, wiry pulse and *cardiac pain*, aconite, with or without ipecac, will be of no benefit. Alternate with Cactina Pillets, eight to twelve in the course of a day.

Where the pulse is full, rapid and throbbing, Norwood's tincture of veratrum viride is preferable to aconite.

In the muscular degeneration of the heart present in infectious diseases, the indications are different. The patient is very pale, the pulse fast, but small and irregular, and we *don't* want to give digitalis. Digitalis can not tone a heart softened by ante-mortem decay. Heart muscle must be reasonably firm to respond to the action of digitalis. Strychnine is the drug for a poison-rotted heart, and give it with a free hand in conjunction with antiseptics.

In treating cardiac disease it is important to know when to change from sedative to stimulant medication. A feeble cardiac impulse and cold feet call for stimulation. Hot bottles to feet and legs, a hot-water bag over heart are simple measures which have often saved life.

Adhesions frequently form as a result of inflammatory disease of the heart, restraining its action and causing pain, trouble in breathing, valvular failure, dropsy, etc. Snug strapping of the left chest will partially relieve these annoying symptoms. Medicinally, give belladonna in alternation with aromatic spirits of ammonia.

Chronic disease of the heart is, however, much more common and more insidious in its beginnings. Sedentary life, over-feeding and intense mental application, dissipation and excesses of all kinds, are the factors which contribute to make heart disease a fountain of many ills.

There are the multitude of business men, who have always been healthy and energetic, but suddenly find themselves short of breath. Digestion is slow, constipation develops. They do not sleep well. Attention is dulled and memory impaired. Other symptoms of passive brain congestion and insufficient oxidation show themselves. The heart muscle is undergoing degenerative changes of a fibrous or fatty nature.

If the patient is obese, of a lemon-yellow color, with sluggish skin reflexes, the portal system needs invigoration.

Give him equal parts Iodia and Chionia, a teaspoonful after meals. After several weeks of this medication, add strychnia and Cactina Pillets in alternation. Give strychnine for a week, then substitute Cactina Pillets for two weeks, then return to strychnine for another week. In this way you can keep the patient in your care and know what you are doing. In heart disease it is easy to do more harm than good unless you can watch patient's progress.

In these same obese, greasy-looking, nard-fleshed individuals, with defective skin circulation, a five minutes' vigorous, all-over use of the flesh brush is beneficial, toning the nerves, increasing the area of circulation and lessening the heart's work.

In simple, fatty degeneration of the heart there is a flabbiness of muscle throughout the body, a low tension pulse and a tendency to weakening sweats, with paroxysms of cardiac palpitation, followed by great prostration. Here Cactina Pillets should be given continuously in alternation with ergot, cimicifuga and diffusible stimulants.

In chronic heart disease, where dilatation is commencing with dropsy, water-logged lungs, etc., is the time for digitalis, in conjunction with mercurials and saline purges. But the action of digitalis must be carefully watched and intermitted, using other heart tonics in the intervals. If it disturbs the stomach it is better to get along without it.

Do not forget the importance of an abundance of fresh air for diseased hearts. The heart is a muscle and oxygen is the life of all muscles. Do not forget, also, that iron assists the system to appropriate oxygen. Outdoor life, free ventilation of the bedroom, brief intervals of deep breathing, moderate walking, massage, medicated baths and electricity, all are useful in their places.

A Pleasant Resort.

We take pleasure in calling your attention to Greene's Inn, Narragansett Pier, R. I., as a pleasant resort. We know Mr. Greene as an affable gentleman and his Inn as a model of perfection in its appointments. It is a pleasant place to go, either summer or winter, for a whiff of sea air, and good culinary accommodations. We commend it highly from personal knowledge. See advertisement page 939.

Look to Your Home Interests.

We learn that an effort will be made to control the June meeting of the American Medical Association in the interests of German and against American Manufacturers. Now is the time for Americans to act together.

An Elegant Hotel.

Are you going East, to some resort, this summer, and have not made up your mind where to go? If so, do not overlook one of the grandest hotels in the country, *i. e.*, the Mathewson, at Narragansett Pier, R. I. Narragansett Pier is a delightful place to go for the summer, and the home comforts to be had at the Mathewson are perfect. Try it once and you will go again.

Treatment of Hemorrhoids.

Dr. J. P. Tuttle, in a recent lecture at the New York Polyclinic, said: In cases of internal hemorrhoids that are thought suited to cure by the "injection method" I use the following formula:

R	Carbolic Acid	1½ drachms.
	Salicylic Acid	1½ drachms.
	Soda Biborate	1 drachm.
	Glycerine (sterilized), q. s. ad.	1 ounce.

M. ft. liquor. Sig.: Inject for hemorrhoids.

Of this fluid from two to four minims are injected into the base of the hemorrhoid. If other injections are to be made, they are made in from three to five days.—*Polyclinic.*

Controls Mucous Discharges.

Dr. C. A. Leathers, Lawrenceburg, Kan., has used S. H. Kennedy's Extract Pinus Canadensis in a variety of affections of the mucous membranes, finding it an excellent remedy in all cases requiring astringents, more especially gonorrhea and gleet.

Inquiry Department.

Chronic Hepatitis.

QUESTION:—I have a case in which I am much interested and seek your advice, as well as the readers of the BRIEF, which I consider the most valuable of all journals to the busy practitioner.

White male, single, aged twenty-seven, weight one hundred and fifty-six pounds. Family history good except nervous temperament on mother's side. He has been moderately temperate except in the use of tobacco.

About two years ago, he began with a dull, aching pain in the region of the liver, which was very annoying. His bowels kept regular, but were clay-colored. In two months after this a left-sided varicocele appeared. He then experienced some pain on left side, but not so bad as on right. It would dart from one to the other around across the umbilicus. He suspended the left testicle, and the varicocele has never troubled him unless some of the pain comes from it. He has consulted several doctors and came to me two months ago, complaining as follows: . The morning he applied to me he felt a numbness in right foot, which extended in twenty-four hours up the leg, and he now thinks he feels it in the whole of right side. The pain that he has had so long will leave him entirely for two or three weeks and return to be as bad as ever. I found liver enlarged and heart irritable. Often has palpitation and very restless at night, at that time sleeping very little. Upon getting out of bed he would have to rub this leg for some while before he could walk at all. .

Upon questioning, I found he ate very rapidly and ate many things hard to digest. Drank coffee three times a day and ate much hog meat. His tongue was badly coated "far back" and he had much gas on stomach and bowels.

My diagnosis was chronic gastric catarrh, and I at once regulated his diet. put him on drachm doses of Chionia, with fifteen drops of dil. nitro-muriatic acid, also one-fiftieth of a grain of nitrate strychnia three times a day. The strychnia, he says, caused so much muscular twitching he discontinued after about two weeks.

He reported to me, after taking this diet and medicine for six weeks, sleeping better at night and feeling better every way except with this pain, which he thinks grows worse. I thought it would disappear when his stomach began to improve, but it does not. He still complains of the numbness, which he is very uneasy about. His bowels are hard to keep regular; and I prescribed fifteen drops of cascara sagrada with fluid extract podophyllin, to be taken at bedtime, suspending the Chionia and acid. I am giving him the strychnia twice daily. He is no doubt improved from what he was when I first saw him, but would like to have your opinion in the case as to how best relieve the numbness and if you think the varicocele causes much of this pain. I forgot to state I have given him calomel in small, repeated doses twice since I began treating him. H.

Tenn.

ANSWER:—We believe this man's colon is loaded with gradual accumulations of fecal matter. It is likely prolapsed and congested. The engorged portal circulation, pain, numbness, etc., are complications, and results. First empty the bowel thoroughly, using copious hot salt-water injections with gentle abdominal massage from day to day until you are sure the bowel is *clean*. Then, as he doubtless has a mucous inflammation of the entire digestive tract, give him

℞ Ext. Hydras. Can. fl..... 1 ounce.
Ammonii Chloridi .... 1 ounce.
Seng..... 2 ounces.
Chionia.....q. s. ad..... 8 ounces.
M. Sig.: Teaspoonful half hour before meals.

Use any preferred laxative, but repeat the enemas at least twice a week for some time.

Put him on a strict dietary and continue the above medication as long as needed. Do not expect to rectify the results of years of abuse in a few weeks. Moderate the tobacco supply and give Cactina Pillets four times daily to tone up the heart and sympathetic ganglia. Do not give this man strychnine. Tension too high now.—ED.

Uterine Dropsy.

QUESTION:—Lady, thirty-six years old, weighs one hundred and forty pounds. This lady suffers from palpitation of the heart and is very nervous at times. About once a month the abdomen enlarges until she looks like a woman six months pregnant. Then there will be a copious flow of water and the os is dilated so that one can introduce the finger about an inch. Soreness across the lower part of the bowels.

Please give diagnosis of case and treatment.

Hiram, Ark. W. B. LOWREY, M. D.

ANSWER:—Would give this patient a large morning dose of epsom salts dissolved in infusion cinchona bark, adding a little sulphate iron. This will drain the pelvis through bowels and kidneys. Also give two Cactina Pillets four times daily.

As a tonic to the reproductive system use:

℞ Ergotole..... .....1 ounce.
Ext. Hydras. Can. fl..... .....1 ounce.
Aletris Cordial.....6 ounces.
M. Sig.: Teaspoonful three times daily.

An abdominal supporter will be of use.—ED.

La Grippe Sequelæ.

QUESTION:—As a member of the medical fraternity, I appeal to my brethren for help. The case is myself and the trouble has been following me since two years. I am married eleven years, have three children, all healthy. Am thirty-five years of age, weigh one hundred and sixty-five to one hundred and seventy pounds, and measure five feet ten inches. Had grip twice, which left me with a very weak back. Family history good. My mother is now seventy-three years of age, and my grandmother died at the age of eighty-five years. Previous to the two attacks of the grip I enjoyed good health.

My sufferings are as follows: A heat comes over me daily extending from shoulders down to the small part of my back. The heat appears to be more on the left side, and spine is the dividing line. The heat begins about six A. M., lasts until about eight to ten A. M. It begins again at about eleven A. M. to twelve M., lasts until three P. M. It will again rise at about eight P. M. to last until about twelve P. M., to start anew in the morning. What is peculiar, the heat does not extend further up than my shoulders nor below the small part of my back.

It makes me nervous, and never leaves me perspiring. Appetite is good, seldom any headache. Bowels act once a day, sometimes once every other day, and never hard to move. I pass urine freely, never had venereal troubles. Do not drink whisky, seldom smoke. My back does not hurt or ache, only weak when I stand up very long. Never had rheumatism, no cough. Not subject to chills, but have bitter taste mornings. I feel drowsy and dull at times. I contract cold in the head very easily, followed by nausea. My practice has been in a malarial region or section.

After trying all the malarial remedies I could think of with no success I decided to change locality. Quinine makes me feel worse when I use it. Now and then I have a fullness under my shoulder blades. Now, brethren, what is the matter? Give diagnosis and treatment. Never had any bladder troubles. Otherwise am O. K. when this heat leaves me, with the exception of some nervousness. Would be pleased to hear from Editor of BRIEF. Any direct communication to me on the case will be highly appreciated. M. M. JOSHUA, M. D.

Lake Charles, La.

ANSWER:—Neurosis of the cerebro-spinal system is a common sequence of grip. Add twenty drops each of a good tincture aconite, ipecac and nux vomica, to an eight-ounce bottle of Chionia, and take a teaspoonful four times daily. Keep up this medication until the normal, reciprocal relation between the glandular system of skin and the nervous system is restored, when the heats will cease. Bowels must be kept active.

Also take one one-hundredth grain strychnia sulphate with ten drops dilute phosphoric acid in water after meals for a few days *after* the skin begins to act. Tepid sponge baths in salt water, followed by brisk drying.—ED.

Traumatic Spinal Neurosis.

QUESTION:—Patient male, aged twenty-two, unmarried, large and strong, six feet two inches and weighing one hundred and ninety pounds. Was struck in the back while walking up the street by a chance ball. The blow was severe and he fell, but picked himself up and went on. Began to suffer when he boarded a car to return home, but said nothing about the occurrence until three days later, when he was compelled to take his bed.

A doctor was called who was unable to make a diagnosis. Then eight or ten others were called, but none of them could tell what was the matter. All kinds of liniments were prescribed and he was left to Nature. Laid in bed twenty-two weeks, eating nothing but milk.

The accident occurred in April, 1899. During the fall he was taken to the Boston General Hospital for examination. He was told to consult Dr. Goldsmith at the Carney Hospital, said to be the best spine doctor around these parts. Here he was carefully examined by several physicians, suspended and a plaster jacket applied.

Took this treatment for six months, but not seeming to make much progress, consulted a physician at Ansdem, N. Y., who said the hip was out of place.

The plaster jacket was removed and limbs measured, showing one two inches longer than the other. The doctor proceeded to set the hip, and when patient came home his lameness and pain were all gone. But now the trouble has returned as bad as ever.

Can any of the BRIEF readers, or the Editor, make any suggestions as to the pathology and treatment of this case? If so, they will be gratefully received. J. M. B.

Mass.

ANSWER:—The ball injured or shocked the sciatic nerve and sacral plexus into an irritable, neuralgic state, causing spasm of the hip and thigh muscles and drawing up the leg so it appears shorter. The thigh should be fully extended in normal position, and kept so by means of weight and pulley to exercise traction until the spasm is overcome. Cups to the sacrum and very hot sitz baths on retiring each night would be useful. Swedish movements for the thigh and manipulations of the joint might aid in overcoming the spasm if perseveringly practiced.

He should have three grains of ammonium iodide four times daily for a long time. If constipated, move bowels by enema.—ED.

Chronic Diarrhea.

QUESTION:—About four years since, Mrs. I., aged thirty-five, was delivered in her fourth labor, with forceps, by a physician who neglected to repair the completely lacerated perineum, rendered thus through delivery.

Nearly two years since she gave birth to her last child, who is quite cachetic and irritable.

Except a cystocele and a "bearing-down" sensation in the pelvic region, she experienced no particular discomfort nor irregularity of bowels.

December last she sought relief through me for a very troublesome diarrhea.

I operated on perineum and succeeded in obtaining, under many disadvantages, a good union of the sphincter ani and a fair perineal body.

Have cleansed alimentary canal with mercurial and saline cathartics, established a strict dietary; have given her the benefit of balneotherapy, and during two months following operation restrained the frequent stools and quieted tenesmus with the following:

℞ Acidi Sulphurici Aromatici...3 drachms.
Ext. Hematoxyli.....3 drachms.
Syr. Zingiberis .....1½ ounces.
Misce et adde:
Tinct. Opii Camphorate.....1½ ounces.
Sig.: Dessertspoonful in water three or four times a day.

As a tonic I gave the following:

℞ Fowler's Sol .....90 minims.
Strychniæ Sulph..... 1 grain.
Sol. Ferri et Magnesia Pep. (Merril's)..... 4 ounces.
M. Sig.: Teaspoonful after each meal.

I have considered her ailment chronic catarrhal enteritis, with dysenteric tendency. The stools are thin, watery, ofttimes mucus, green and containing undigested excrement. The evacuations may number twelve, or even more, during nine hours. They usually begin about three A. M., and continue until twelve M.

She is quite emaciated, easily fatigued, anemic and hypochondriacal. The abdomen is often tympanitic, and borborygmi may be heard before dejections.

If the Editor or the readers of the BRIEF can render any valuable aid in the way of suggestions, or correcting any diagnostic points, I will appreciate the interest shown, and thank them very much. I will add, before finishing the above subject, that no microscopical tests were made.

I think the BRIEF is a splendid journal; it advocates reform; it denounces fads; it opposes superstition in all its forms, and declares war against the serum therapy. Long live the BRIEF. C. E. WEST, M. D.

Salina, Utah.

ANSWER:—Give arsenite of copper, one two hundred-and-fiftieth grain, four, six or eight daily doses, to control irritability, with one-sixtieth to one-twentieth grain podophyllin, three times daily, to awaken assimilative activity. Stop the frequent bathing; it is weakening in this condition of system, and use gentle massage with oil twice a week. Feed largely on albuminoids, which are digested in stomach, and use *fruit juices*. See if the uterus is normal in tone and size. A subinvoluted uterus will often keep the solar plexus in a state of shock. The perineal injury is doubtless the primary cause of all the trouble. Have her wear *abdominal supporter* until cured.—ED.

Vital Depression.

QUESTION:—I wish you or some of the BRIEF readers would give an opinion and suggest treatment for the following case:

Mrs. B., aged twenty-seven, parents living and in good health. Patient has been troubled for about six years. Complains of pains around heart, coming on every two or three hours during day. Pulse normal, heart action good. Pains around heart are sharp, cutting pains. Has headache of a morning, which wears off after being up for a while. Headache is in top and front of head. Belches gas in great quantity and has smothering spells mostly after eating supper. Constipated. Appetite fair. Meats and sweets not well borne. Sleeps poorly; is nervous at times and can not go to sleep. Has pain between shoulders which she describes as radiating to both shoulders. Complains of general pains through body at times. Kidneys act freely. Urine is voided twice during night. Urine high colored. Has some pain at times in ovarian region. Complains of pain over splenic and hepatic region. Describes a slipping in the region of spleen when she bends over.

This patient has been the rounds and has now come to me. She persists in saying she has heart trouble and womb trouble and many other things she has been led to believe from reading descriptions of diseases.

Please give your diagnosis and treatment best suited to the case.

I enjoy the BRIEF and find it very helpful.

Ky. A SUBSCRIBER.

ANSWER: — Gastro-intestinal catarrh. Circulation poor. Nerve centers congested and irritable. Symptoms largely sympathetic. System loaded with uric acid. *Purge well* with pills containing podophyllin and aloes. Give:

℞ Ext. Hydras. Can. fl.....1 ounce.
Chionia .....8 ounces.
Iodia.....4 ounces.
M. Sig.: Teaspoonful four times daily, continued for *months* if necessary.

Every morning a cold sponge bath, followed by *friction* with towel, then an hour's sunning. Stop just short of *satisfying* the appetite at each meal. Use fruit juices. Drink *plenty* water. See bowels move *daily*. Perseverance needed to regenerate.—ED.

Hemoptysis.

QUESTION:—Male, aged twenty-one, five feet eleven inches tall, weighs one hundred and thirty-five pounds. Family history not good, cousins, etc., died with phthisis. Has had hemorrhage of the lungs off and on since last summer. Tubercle bacilli have been found in abundance in his sputum. Has been treated here and at other places. I was called in last week. I think there is a cavity in left lung. Both lungs affected. He has been in bed in a recumbent position since I was called. Temperature 99° to 102° F. Pulse ninety to one hundred and twenty, and sometimes very fast and weak. Since prescribing pulse is seventy-two and regular. Bowels rather constipated.

Friday, April 13th, he had a hemorrhage in the morning, not severe; in the evening he had another, lost about one and one-half pints of blood. Saturday, 14th, evening, another, with a loss of four to five ounces. Sunday, two to three ounces. Monday, four to six ounces again. Tuesday, one in morning; two to three ounces; and in the evening, four to six ounces. Wednesday, one to two ounces, and Thursday, one at 12 M., five to six ounces; and this morning (Friday), at 8 A. M., lost about one and one-half to three ounces. Sodium chloride makes him feel bad and sometimes causes vomiting. Have used different medicines but can not check the hemorrhage, it will always reappear in twelve to twenty-four hours. Last prescription to regulate pulse, etc., was:

℞ Sodii Salicylatis .....4 drachms.
Potassii Acetatis.....1 drachm.
Tinct. Digitalis.....8 drachms.
Aquæ Menth. Pip.....q. s. ad...4 ounces.

M. Sig.: One drachm every three hours during the day. Also gave some medicines to regulate bowels.

Have examined his urine and find it acid, 1024, no albumen, but sugar is present, but as he has been taking creasote until Sunday, 15th, (treatment advised from last doctor), I do not know whether that would cause sugar to appear in urine or not. Is always thirsty (but naturally would by losing so much blood and eating the salt). Amount passed in twenty-four hours is six and one-half pints. Only urinates four times in twenty-four hours, passing over a quart at times. No itching or burning during or after urinating.

Diagnosis.—Tuberculosis.

How will I check this everlasting hemorrhage? Do you think that the kidneys are affected? H. G.

Iowa.

ANSWER:—We should advise that this patient be given an abundance of fresh lemon juice and all the water he wants. The fever can be controlled by giving half teaspoonful doses aromatic spirits ammonia every three or four hours. Empty bowels daily by warm enemas. See that patient is well nourished, and do not give any more medicine than is absolutely necessary. Feed him on fruit a good deal—baked apples and baked bananas are good. No fried food—everything well done.

Let us hear from the experience of others in hemoptysis. What about calcium chloride, nitro-glycerine, strychnine and camphor injections?

Renal insufficiency is one of the great causes of tuberculosis and especially of hemoptysis. Basham's mixture and Sanmetto are the best preparations to correct this, because they do not disorder the digestive tract.—ED.

Scrofulous Eyes.

QUESTION: I have a family of twelve children, and two of them have a scrofulous affection, which has settled in their eyes. Their grandfather, on the mother's side, had bad eyes, but not enough to be in any danger of blinding him, just enough to trouble him all the time. I do not know whether he had syphilis or not, or whether it was from alcohol, as he was a steady drinker.

The eldest child is now fifteen years, and has been affected since he was five years old. We can succeed in curing his eyes up for a while, but it comes back worse than ever. Finally the glands of his neck began to swell, and for the first time we concluded he needed constitutional treatment, and commenced to give him potash, and now he is well until spring, when it breaks out and his eyes are sore, may be for two months. He has had no further trouble with his glands, but now he has had a sore in his nose for three months just in the outside entrance to his nostrils. Looks like a common sore, but hangs on. His eyesight is permanently injured, and I am afraid he may lose one or both if I can not drive the disease out of his blood.

Case 2.—Boy, aged two years, eight months. He also takes after his mother's side of the house, and his eyes get sore every time he cries much; are red and inflamed all the time. If not stopped in time will show itself in a few years or at dentition.

Please give me a constitutional treatment as well as local. F. A. O.

Texas.

ANSWER:—These cases require prolonged alterative treatment and the best hygiene.

℞ Podophyllin .....1 grain.
Ecthol .....4 ounces.
Iodia.....4 ounces.

M. Sig.: Teaspoonful three times daily, in water, between meals. Halve this dose for younger child.

This medicine should be given with occasional short intermissions or alternated with thirty drops of a good fluid extract of Corydalis Formosa for several years. When all symptoms disappear, stop, but resume at the first sign

of trouble, and always give it during the spring months.

In addition, a simple eye wash of ten grains borax to one ounce camphor water, may be used night and morning. Get a bottle of Listerine, add a drachm of quinine, and gently rub, twist, and pinch the *face*, *neck* and *scalp* while applying this lotion This should be done every night, and will do much to improve nutrition and tone of the nerves and other structures of face and head. Nutritious food, an abundance of fresh air, sleep, and regular bathing are essentials. Harden the skin by daily friction with bath mitts.—ED.

Help Wanted.

QUESTION:—Patient, fifty-six years old, seemingly in good health, except has slight touch of vertigo at times. During intercourse suffers great pain when the semen passes from him. To use his own words: It feels like there was sand in the semen. He has never had gonorrhea nor any venereal disease. He has been suffering in this way for at least one year, and the act has become repugnant to him in consequence.

Please give diagnosis and treatment. Any information, either through the BRIEF or by private letter will be thankfully received.

Naylor, Ark. J. M. REYNOLDS, M.D.

ANSWER:—This man probably has uric acid diathesis. The deep urethra and prostate gland are doubtless inflamed—possibly the seminal vesicles also. Give him drachm doses of Sanmetto, adding ten grains citrate potash to each dose. Also give a wineglassful of *mistura ferri et ammonii acetatis* (fresh made) in half pint of water three times daily. Give drachm doses of phosphate soda in a glass of water each morning before breakfast. Regulate the diet with a view to lessening uric acid formation, and correct digestive errors. Avoid foods which are slow of digestion and cause flatulence. Advise him to eat less of everything for a time. If there is lesion of the deep urethra, crayons made of unguentine, diluted with vaseline, are useful in some cases. See that no rectal trouble is aggravating the condition.

The latest treatment for vesiculitis is to gently massage them with the finger through rectal wall, expressing the contents, but this operation requires practice and skill.—ED.

Auto-Toxemia.

QUESTION:—Had nasal catarrh since I can first recollect; never had any treatment for it when a youth; at times was quite unpleasant. At sixteen had bronchitis, at eighteen a long case of pertussis. Had no treatment, and "toughed" it out to the irritation of my nervous system, principally sympathetic.

The nervous debility then developed has remained with me until present. Been troubled all this time with insomnia and indigestion. Lived on a farm until ten years ago. Six years ago began the study of medicine, and graduated in 1897. Delayed study of medicine several years, thinking my health too poor. Had a hard case of erysipelas on body in 1896. Practiced two years in a heavy malarial climate, finally broke down, then had malarial fever, followed by complete neurasthenia, from which I have had an unsatisfactory recovery. Lately I have had a severe case of rubeola which came near prostrating me for a long time. Has left my catarrh in "bad shape."

I have always been stubborn to catch contagious diseases, but when I do they nearly kill me. I have never been stout, *i. e.*, gifted with endurance. Subject to headaches. Unmarried and thirty-two years old.

I was reared in a low, damp, malarial climate; left there on that account, came here one year ago, this being a dry climate with an altitude of two thousand feet. It is very, very windy here.

Now, Mr. Editor, if you can give me instructions so I can conserve my strength and make the most of life I will certainly appreciate it. I have been a reader of the BRIEF for over a year, and think it the best medical journal.

Santa Anna, Tex. "SEEKER."

ANSWER:—You need a prolonged eliminative and reconstructive course of treatment. You are making bad blood, which irritates nervous system until a crisis is reached, and the system tries to eliminate poisons in a storm of disease.

Recommend short applications of hot pack—five to fifteen minutes, followed by brisk, dry friction with coarse towel. Use copious salt water enemas twice a week, and wear a flannel abdominal binder constantly. Get all the fresh air you can, keeping out of draughts. Eat moderately of varied food, avoiding articles which regularly disagree with you.

Medicinally, take:

℞ Ext. Hydras. Can. fl..... ½ ounce.
Resin Podophylli .....1 grain.
Chionia .....8½ ounces.
Ecthol ..... q. s. ad .....8 ounces.
M. Sig.: Teaspoonful four times daily.

Take, also, a wineglassful of freshly prepared *mistura ferri et ammonii acetatis* in half pint of water thrice daily between meals.—ED.

Neurasthenia.

QUESTION:—Patient aged thirty-nine. Nervous temperament. Florid and healthy in appearance. Weight one hundred and forty pounds; height five feet six inches. About six years ago an inguinal rupture made its appearance on left side. Shortly before this had become run down, and nervous from overwork. Has varicose veins on left leg from thigh down, on inside of leg. Since the rupture appeared has worn truss, but ever since has been subject to nerve exhaustion, on working anything like under pressure (is an abstracter of titles by profession, requiring him to stand up six or eight hours a day). Has been in the habit of drinking two or three glasses of whisky and several beers a day for last eight years. Has had extreme nervous prostration three times, but has recovered sufficiently to go to work spasmodically. Is always in dread of another attack.

Present condition appears to be: Gets up in morning feeling weak and nervous, dull sensation in head and a "want-to-fly-to pieces" sensation. Legs feel heavy, as though would burst. Is extremely nervous after a day's work, so that if he is waiting for a car he will become alarmed that he is going to fall over. Legs will tremble and feel weak, as though falling through the ground. When seated on car confidence returns. Feels better in winter than summer, when he gets short of breath on hot days.

The most troublesome symptoms are twitching of muscles, and an almost constant crawling in scrotum (more severe when feeling nervous), which he says almost drives him crazy, and if he could get rid of that he could put up with the other.

Is married, with two healthy children, but has observed almost complete continence for last three years, as connection aggravates all symptoms. Had gonorrhea, with swelled testicle and slight stricture, but says it happened eighteen years ago, and does not bother him now. Kidneys all right. Has almost constant ringing in ears, with slight catarrh in winter. Ringing stops in summer. Specks floating before eyes almost all time, but worse in damp weather. A. E. E.

Ill.

ANSWER:—The vasomotor weakness is due to the use of alcohol. If he is to get well this must be stopped. Try to reduce hernia by taxis in knee-chest position. If successful, strap snugly. Apply belladonna plaster to small of back and give:

℞ Tinct. Collinsonia Can.....1 ounce.
Celerina.....7 ounces.

M. Sig.: Teaspoonful four times daily.

Give also one one-hundred-and-thirty-fourth-grain arseniate strychnine four doses daily.

Have him apply cold friction to legs, thighs and back by means of bath mitts dipped in cold water, rubbing vigorously the while, exposing a part at the time, drying and covering same before proceeding further to insure brisk reaction.

At bedtime give teaspoonful of Peacock's Bromides, with half teaspoonful of aromatic spirits of ammonia in glass of water for a time.—ED.

Abdominal Consumption.

QUESTION:—I have on my hands a young lady, aged sixteen years, and whose case I have diagnosed as tubercle of the bowels, or abdominal consumption; and having the utmost confidence in your ability, I wish to ask your advice, and hope you will pardon me for intruding upon your time.

The case now stands thus: Temperature 101° F., the bowels are somewhat swollen and tender, and there is almost a constant tendency to diarrhea. There is great emaciation, and also tuberculous history in the family. Stomach seems to be in fairly good condition. Patient has been sick about two months. I should state profuse sweats, etc. Will you kindly advise me what it will be best to do in the case, and I certainly will appreciate your kindness.

I should state that she has no cough to amount to anything, but the force of the trouble is expended upon the bowels.

Ky. H. C. FERGUSON, M. D.

ANSWER:—

℞ Acid. Carbolic.....8 drops.
Tinct. Iodini Comp. .....2 drachms.
Glycerini .....½ ounce.
Listerine ..... q. s. ad .....8 ounces.

M. Sig.: Teaspoonful four times daily, in water.

Give a tablespoonful of lemon juice three times daily, with alcoholic rub-down each morning to control sweats. May also try atropia, one two-hundred-and-fiftieth grain, three or four times daily, if it does not disturb digestion. Fellows' Syrup Hypophosphites, in smal doses, is an excellent tonic for consumptives, but they will not bear much medication. Judicious nursing and care are our principal dependence. There is little vitality in the digestive secretions, which readily become acrid and corrosive; the organs are all delicately organized, and break down if over-taxed. Cleanliness, abundance of fresh air, small, appetizing meals, an atmosphere of love and harmony to live in, are essential. Milk, liquid peptonoids, bone marrow, baked apples and baked bananas will usually digest without trouble—ED.

Psoriasis.

QUESTION:—Patient male, aged forty-five. Suffered about fifteen years ago from an itching affection, which he calls winter heat; lasted for seven or eight years. Disappeared of itself.

Two years ago his arm became affected. Was treated; disappeared to return in one year.

Now all over body, but worse on legs, arms and back. Consists of pin-head elevations covering entire surface, with scattering red bumps about the size of a pea. Back is red—any part of the skin becomes red on slight irritation. Becomes aggravated by heat. Had Dr. M. in consultation: Pronounced it psoriasis.

Bowels have been moving three or four times a day; white, slimy, yellowish-green evacuations, also some hard lumps passed during the day. J. J. ARENDALE, M. D.

Waller, Texas.

ANSWER:—Should say there is weakness and irritability of vaso-motor centres in cord, and a catarrhal condition of small intestine. Take twenty grains phosphate of soda in a glass of water three times daily, with one one-hundred-and-thirty-fourth grain arseniate of trychnine, four doses per day. Add one ounce of glycerine and a pint of carbolized water (two per cent) to a sixteen-ounce bottle of Listerine, shake well and dab the affected surface gently twice daily with this lotion. Keep an eye on the kidneys and give them an occasional flushing out. Light diet, plenty of fruit; avoid sweets and alcohol. The local application of Ecthol has cured similar cases.

If the bowel trouble does not yield or the discharges are offensive, give:

℞ Acid. Carbolic.....1 drachm.
Tinct. Iodini Comp .....8 drachms.
Glycerini.....4 drachms.

M. Sig.: Five drops in water four times daily.—ED.

Pruritus Ani.

QUESTION: In the August number of 1897, page 1224, I reported a case of pruritus ani, of which several brethren, with the good Editor's note, came to my rescue. One brother by the name of H. H. Foringer, Erie, Pa., sent me a sample box of salve which made a cure of my patient for about two years. His trouble has returned on him again. I would like to know whether the doctor is still living or not. He promised to give me the prescription if it did any good.

And I wish that some of the brethren would let me know about his whereabouts. Or if anyone knows his prescription I would like to get it. Mr. Editor, if you know it let me have it.

Long life to the Editor and the BRIEF.

Winfield, Tex. JOSEPH J. PARKER, M. D.

Rheumatism and Hepatitis.

QUESTION:—Patient, aged about forty-three years, has been a hard worker all his life. Had syphilis about fifteen years ago, no tertiary signs now, but suffers with syphilitic rheumatism every spring. Was taken sick on January 4, 1900, with intercostal pains, pains in shoulder joint (right) commencing at posterior part of liver. Very jaundiced, liver enlarged, and across median line, urine normal. Respiration and heart-beats normal. Great tenderness over lower portion of left lobe of liver. He weighed about one hundred and forty-five pounds, weighs now about ninety pounds; six feet.

Used calomel, fluid extract taraxacum, nitro-muriatic acid internally, and bathed the liver every night in water impregnated with the acid. No results. Put him on elixir phosphate, iron, quinine and strychnia; no results. Used blister over the liver.

Ala. H. L.

ANSWER:— Give him

℞ Ammoniæ Chlor.....10 grains.
Spts. Ammon. Aromat..... ½ drachm.
Tinct. Cinchonæ..... ½ drachm.
Tinct. Gentianæ..... ½ drachm.
Tinct. Phytolaccæ..... 5 minims.
Aquæ.....q. s. ad..... 1 ounce.

M. Sig.: One dose. Repeat four times daily.

Move the bowels with copious warm enemas of salt water—heaping tablespoonful to a quart of water. After the bowel is well flushed out, regulate same with soda phosphate.—ED.

Neuralgic Pains.

QUESTION:—About every four or five days have burning pain in region of heart, which will radiate down to the bladder, causing desire to urinate, often with great pain. Sometimes the right kidney and sometimes the left is involved. Feels like it is floating, or loose, when walking. The pain in testicles is severe. Think it is neuralgia. What can I do to keep off these pains?

Find enclosed one dollar for the best medical journal printed.

Sterling, Kan. C. W. HODGE, M. D.

ANSWER:—Eliminate the uric acid and try to check its formation. Take Lithiated Hydrangea, a teaspoonful half hour before dinner, supper and at bed-time. Breakfast on fruit, and eat meat but once a day. Drink an abundance of water and be systematic about it. Try small, repeated doses of nitro-glycerine to control and keep off the pains. Wear a good suspensory. Keep up the nitro-glycerine and Lithiated Hydrangea for some time. Apply a mustard plaster to base of brain, continuing strips of same down the spine. Let alcohol, tea and coffee alone.—ED.

Sterility.

QUESTION:—Patient twenty-seven years old, married four years, and no children. Been treated for retroversion of the uterus. Advised to have the ligaments of the uterus shortened. What do you think of the operation? Patient very anxious to have a child. Another physician says there is no need of an operation, that the trouble comes from the kidneys, that they are weak, that uterus is filled with water and therefore, can not retain its proper position, and that kidneys must first be cured. Please let me hear from you in the next BRIEF. INQUIRER.

Chicago, Ill.

ANSWER:—We advise that the resources of medicine be exhausted before recourse to surgery. An operation is always something of an experiment, and is inadmissible so long as there is an alternative.

Relaxation of the ligaments is due to local or constitutional weakness, curable by appropriate treatment in many cases. Drainage of the abdomen and pelvis through the bowels and kidneys is useful. If the womb is not held by adhesions, it may be replaced in knee-chest position, the posterior vaginal fornix temporarily packed and abdominal supporter applied. Strychnine, Ergotole and Aletris Cordial may be used for their good influence on the uterine tissues and supports. Suitable gymnastic exercises which strengthen and develop muscular tissue in the abdominal walls and suspensory ligaments of the different internal organs are invaluable adjuncts to treatment. Lacing and tight clothing are forbidden.—ED.

Inadequate Kidneys.

QUESTION:—Male, single, aged twenty-four, weight in health one hundred and fifty pounds, at present one hundred and thirty pounds. Been sick since last July, and was treated by his physician for about six months for nervous dyspepsia, with improvement, but not cured.

Several months ago he took cold, and got worse. Urine was then diminished in quantity, distinctly acid, but no albumen in it. Legs and feet were swollen very much at that time. At present urine passes in about normal quantity and acidity. Swelling of limbs gone, but patient is badly nourished, anemic, weak and emaciated, especially in legs and arms. Does not sleep well at night. Has eructations of gas most all the time. Gaseous distension of bowel. No pain in stomach or bowels, but some tenderness. Bowels move most every day, but are somewhat sluggish. Neurotic, and from a neurotic family. Has nocturnal seminal emissions several times a week. Pulse rate sixty-eight to seventy-six, and moderately strong. Cardiac impulse against chest wall pretty strong, and can be plainly seen upon inspection. Apex a little to right of normal position. Has dyspnea once or twice a week, followed by weak spells. Breathing seems to be normal with the above exception. Vagabond pains in limbs and chest occasionally. Slightly numb, cool feeling over knees, though sense of touch is good. No tenderness along spine. About two weeks ago spit up a little blood for two days, but did not vomit. Felt weak at the time. Has a dry, hacking cough. Appetite has been real good for a month or more past, but is now much impaired. What is the trouble in this case? Give medicinal treatment and dietetic regulations.

Conicville, Va. J. S. HOTTEL, M. D.

ANSWER:—Renal insufficiency is the source of all the trouble. Give him a teaspoonful of Lithiated Hydrangea with three grains ammonium iodide three times daily. To put skin in condition daily sponge bath in tepid water acidulated with hydrochloric acid and followed by brisk friction. This is *essential*. The bowel must be kept *cleaned out*. Twice a week a copious enema of warm salt water should be used *in addition* to laxatives. Renal inadequacy *can only* be cured by attention to *bowels* and *skin*. A hot vapor bath or a few minutes in a hot pack will usually dissipate pains. Small, repeated doses of nitro-glycerine will also control them. Some grade of flannel next the skin the year around, avoidance of draughts, over-exertion and intemperance in eating, drinking, etc. Plenty of fresh air and regular, systematic life. Above medication must be continued off and on for months. Watch urine and encourage patient to persevere; otherwise progressive Bright's disease will take him.—ED.

Flat Foot?

QUESTION:—I appeal to you for advice, upon a case of more than ordinary interest to me, as follows:

Mrs. G., aged twenty-four, light complexion, slender, weighs one hundred and ten pounds. Been married about six months.

About two years ago while she was going up a flight of stairs she suddenly felt something give way at the heel of the left foot. Paid very little attention to same, as it did not cause much pain. Occasionally she would attend balls, but found it very difficult to dance, on account of the pain over the os calcis.

Consulted several physicians without deriving any benefit. One of them told her that the bone would have to be scraped, but I do

not find any indications for same. There is but little swelling on the os calcis, and no pains, except when she walks on it, but seems to be less painful when she wears a low-cut shoe, same padded with cotton. Her right foot, in front of toes, often swells, since six months, then subsides occasionally to reappear in a short time again.

Her appetite is good, sleeps well, family history good.

Please give diagnosis, prognosis and treatment. I would like to hear, also, from some of the many BRIEF readers. A. A. SMITH, M. D.

Pacific, Mo.

ANSWER:—Consult a surgeon. There is probably a weakening and yielding of ligamentous supports of ankle, with, perhaps, partial misplacement of some of the small bones. May require operative interference and mechanical appliance. Better see an experienced and skillful man at once, as such difficulties tend to go from bad to worse imperceptibly.

A snug elastic ankle bandage, with gentle manipulations of joint and stimulating applications, may prove of some benefit.—ED.

Trachitis—Occluded Nasal Duct.

QUESTION:—Can you give me treatment for catarrhal condition of the trachea, aggravated by reading, talking, or laughing, with little or no cough? Internal ear and eustachian tubes apparently the same, as there is ringing in the ears and some post-nasal dropping which sprays and douches do not seem to benefit. He blames the ringing in the ears to an overdose of quinine injudiciously taken about three years ago when ill with a severe attack of nervous prostration. Time, care and medication have helped the nervous troubles, but not entirely well. Medicines which act on the liver will sometimes stop the head noises for a day or two, but they invariably return. Age forty, tall, slender, light complexion, dry skin, active brain, temperate.

Also another case in which there is catarrhal occlusion of the nasal duct, causing an overflow of tears, and at times a swelling under the eye, generally ending with a fistulous sore.

J. J. F.

ANSWER:—

℞ Tinct. Collinsonia Can.....2½ ounces.
Ergotole..... ½ ounce.
Celerina .....q. s. ad .....8 ounces.

M. Sig.: Teaspoonful three or four times daily.

Give also one one-hundredth grain strychnia sulphate three times daily for ten days. Apply a capscine plaster to back of neck.

Case 2.—Give Iodia, teaspoonful in water between meals and advise gentle massage of face.—ED.

Sexual Frigidity.

Mrs. A. B., married five years, mother of two children; at present six weeks pregnant. Has never enjoyed sexual relation with her husband, and submits only with reluctance; but every few weeks she has sexual spasms during her sleep, which, she says, she enjoys very much, though they make her feel tired next morning. What can be the cause of her enjoying these spasms during her sleep whilst she remains cold in the normal relation of married life? She enjoys good health, is well proportioned, all her genitals are normally developed, though the clitoris is somewhat small. Her husband consulted me for a cure of this frigidity, and I beg to ask your advice on the subject. What can be done? I never heard of such a case before. She lives in perfect love and happiness with her husband, and, having the spasms in her sleep, it seems to me she should have them also with her husband. W. THOMPSON, M. D.

New Orleans, La.

ANSWER:—The obstacle may be mental, the result of innate repugnance, modesty, or physical, due to sluggish circulation in the parts. Sleep removes inhibition and equalizes circulation. Try local applications of Ecthol to the genital organs, and give a teaspoonful of Sanmetto and two Cactina Pillets four times daily.—ED.

Continuous Nocturnal Erections.

QUESTION:—I desire to ask advice in the treatment of a case of continual nocturnal erections. The man is in perfect health in every way. Had gonorrhea twenty-five years ago, but well cured at that time. Urinates freely. Can retain urine all night. These erections are not attended with any sexual desire; are not the least painful, appearing almost immediately upon going to sleep; and disappearing almost at once upon awaking. When this patient attempts sexual indulgence his erections are perfectly normal, and his power and desire are the same. I will take your suggestions as to treatment as a great kindness. The patient is about fifty years old.

Omaha, Neb. J. E. MCGREW, M. D.

ANSWER:—Appears to be irritation of erection centre in cord. Examine rectum for signs of local trouble. Examine urine analytically and microscopically. Test reflexes - cremasteric, ankle and knee. May be first symptom of beginning cord disease. Do not let him sleep on back. Empty bladder at regular intervals. Forbid alcohol. Put ten drops tincture ipecac in four ounces of water, and give a teaspoonful four times daily. Feed lightly, and regular exercise.—ED.

Migraine.

QUESTION:—As I have been a reader of the BRIEF for some time, and have found many valuable suggestions within its pages, I will submit the following for your consideration. Any information with reference to the pathology, etiology and treatment of my trouble will be highly appreciated.

My age is thirty years, and subject to periodic attacks of headache; one form about which I especially seek information is characterized by very peculiar sensations in the onset.

The first indication of an impending attack is a disturbance of vision, such as scotoma.

There also exists what appears to be a paralysis of the nerves of the face and tongue. After this condition has existed for some time, headache supervenes, when the described sensations cease. Accompanying the pain there is more or less of nausea, and when the attack reaches the utmost degree of violence, vomiting always occurs, after which relief comes.

The pain in the beginning is always unilateral, though later the entire cranium is involved. These attacks have occurred at irregular intervals for the past fifteen years. While slightly incapacitated mentally, during an attack, there seems to be no impairment of the mental faculties in the intervals between the attacks.

Fremont, Neb. LOUIS STATZER.

ANSWER:—A teaspoonful of Papine, with one grain citrate caffeine, will control attacks of this headache, but it is a disease of the nervous system, requiring prolonged alterative medication to effect a cure. Try arsenic iodide, one-sixtieth grain, with Lithiated Hydrangea, teaspoonful three times daily, for several months. At intervals substitute Fellows' Syrup Hypophosphites, half teaspoonful three times daily, for a week or two. Bowels must be kept regular.—ED.

Prolapsus Uteri.

QUESTION:—Woman, aged thirty-three, brunette, weight one hundred and fifty pounds, height five feet three inches. Been married seven years, no children.

Menstruated at sixteen. Has always had dysmenorrhea, fainting at the period; also headache. Tenderness above the pubis. Leucorrhea at times yellow, now white, thick and quite offensive. Melancholy, easily tired, can't rest. Menstruates about every three weeks for last six or seven months. Pains shooting down limbs and in the groin. These do not cease when flow is established, but continue throughout time of flow, about four or five days.

Complains of "such a sore feeling all over abdomen" most of the time, more during menstrual period. Also has backache. Eyeballs ache, sight not as good during period. Wears glasses which I prescribed. Discharge clotted, but not dark, quite normal in color. Feels very weak after flowing a few days.

Some erosion of cervix. Does not faint at all since taking gelsemium for headache, which is generally relieved by it. Has gained fifty pounds since marriage in 1898, lost ten pounds during last summer and autumn. Constipation is also present, but she does not strain, for fear of pain in uterine region. Feels as if everything would fall or ribs being pushed down in lower abdomen.

Any assistance in this case will be greatly appreciated. S. P. GIBBS, M. D.

637 W. Madison St., Chicago, Ill.

ANSWER:—Purge with epsom salts every other day for ten days. Apply mustard plasters to lumbar region, until skin is reddened, at frequent intervals. Apply abdominal supporter. Give

℞ Ext. Hydras. Can. fl. ..... 1 ounce.
Tinct. Cimicifugæ ..... ½ ounce.
Aletris Cordial ..... q. s. ad ..... 8 ounces.
M. Sig.: Teaspoonful four times daily.

Cleanse cervix and vagina with dry cotton on applicator or dressing forceps, and place a wad of same saturated with Kennedy's Dark Pinus Canadensis over os uteri. Do this three times a week. When the uterus is in a more healthy state give her a tonic of elixir iron, quinine and strychnine phosphates.—ED.

Vaso-Motor Palsy.

QUESTION:—I am eighteen years old, chew tobacco. My appetite is good. Ever since I had grip, two months ago, have felt drowsy. Back aches. Turn blind very often. I am clerking now, and at night my feet and legs ache. Feel so drowsy I have but very little will power to work.

Can you recommend anything through the MEDICAL BRIEF that you think will benefit me? I am a regular reader of the BRIEF and value it very highly. SUBSCRIBER.

Trenton, Fla.

ANSWER:—You are suffering from an enfeebled and congested condition of nerve centers. The following treatment will relieve you:

℞ Strychnia Sulph ..... ½ grain.
Quiniæ Sulph ..... 2 drachms.
Ferri Sulph. Exsic ..... 15 grains.
M. ft. caps. No. 60. Sig.: One three times daily in alternation with teaspoonful doses Celerina three times daily.

Get all the fresh air you can and take a tepid sponge bath followed by brisk friction with towel or bath mitts.—ED.

Aortic Aneurism.

QUESTION:—What is the best treatment to mitigate the symptoms attending aneurism of the aorta? What agents will best control the terrific thumping of heart and shaking of body?

Let us have a free expression of experience from BRIEF readers on this point.

Diseased Vaso-Motors.

QUESTION:—Please give me information in the following cases:

Case 1.—Tracy M., aged twelve, light complexion, red hair, family history good, lives near a pond or pool, says he is an excellent swimmer. I think he stays in the pool a great deal. Symptoms—Very pale, lips and tongue almost purple, or bloodless, skin and nails the same, some dropsy, heart very irritable and tumultuous, tongue coated, appetite sorry, eyelids puffed and feet swollen. Diagnosis—Chronic malaria. Treatment—Arsenic, iron and mercury, with iodide of iron, alternately. For heart, digitalis, veratum viride. Doesn't improve.

Case 2.—Similar symptoms, only kidneys act too freely, age fifteen, bothered with bedwetting, very anemic, no color at all, looks healthy.

Huffins, Texas. J. C. GOWEN.

ANSWER:—Give half teaspoonful aromatic spirits ammonia in a glass of water four times daily. All the water he drinks is to be boiled.

℞ Ext. Hydras. Can. fl..... .....1 ounce.
Seng ....3 ounces.
Chionia .....4 ounces.

M. Sig.: Teaspoonful before meals and at bedtime.

Use hot baths, followed by vigorous friction with coarse towel wrung out of cold water, to assist in eliminating poison and put skin in healthy condition.

Case 2.—Give a large dose of epsom salts twice a week to flush out the body, and the following:

℞ Strychniæ Sulph..... ½ grain.
Ferri Sulph. Exsic.....10 grains.
Quiniæ Sulph..... 1 drachm.

M. ft. caps. No. 30. Sig.: One three times daily.

Use skin friction as for Case 1. Both cases should spend a large part of the day out doors every pleasant day.—ED.

Sinusitis?

QUESTION:—Have a puzzling case on which I would like some light.

A youth at puberty discharges a mixture of pus and blood from the nose and mouth during his sleep, sufficient to soil his pillow. This phenomena does not occur during the day. In fact, he seems perfectly well, except for an occasional frontal headache. His nose and throat show no symptoms of disease, and I am puzzled to know where the pus and blood come from. If it was only blood, I might attribute it to nose-bleed during the night, but can not account for the pus. PRACTITIONER.

Va.

ANSWER:—The frontal headache points to empyema of the frontal sinus. We must not forget that the frontal bone, superior maxillary bones, ethmoid, sphemoid, mastoid processes, etc., contain cavities lined with mucous membrane, and consequently are liable to inflammations and discharges. Try and dissipate this congestion before it reaches the deeper structures or becomes granular in nature. Purge the boy gently with epsom salts to draw surplus fluids to abdomen. Give in alternation tincture cinchona and tincture iron. Apply externally counter-irritation, tincture capsicum, to frontal, temporal and mastoid regions. Use a spray of equal parts Listerine, Hydrozone to as much more water to thoroughly cleanse all accessible mucous membrane of mouth and nose. Probably Antithermoline would prove an excellent external application to forehead and root of nose. See that boy's skin is kept in good order by regular bathing. Inspect the ears and post-nasal pharynx.—ED.

Palpitation of Heart.

QUESTION:—Please give remedy for cardiac palpitation coming on about half hour after meals. D. G.

Mo.

ANSWER:—Take two Cactina Pillets with ten drops dilute muriatic acid in water after eating.—ED.

Subinvolution.

QUESTION:—Patient married woman, thirty-two years of age. Appetite good. Has never borne children, but four years ago had a miscarriage at six weeks. Apparently made a good recovery, but in a short while developed a leucorrhea. This was soon cured, when profuse menstruation set up, and has been growing steadily worse. Passes a great many clots at each period. Sometimes menstruates two weeks. Flow very profuse and offensive.

Hot water and medicated douches, tampons, etc., do no good. Patient objects to operative treatment, and believes she can be cured without. Patient is becoming weak and nervous. Sleep disturbed and dreaming. Any suggestions as to treatment will be appreciated.

Ga. J. M. G., M. D.

ANSWER:—Put her on Iodia, teaspoonful three times daily alternated with Aletris Cordial (Rio), and persist in their use, for as long as may be necessary. Dilute the medicine freely. Give also nitro-glycerine in repeated *small* doses for a short time. Keep bowels regular and feet warm.—ED.

Acute Cerebral Inflammation.

QUESTION:—Please give your advice about using iodide potassium and chloral in acute inflammation of the brain. W. W. A., M. D.
Miss.

ANSWER:—Whether or not we should use these two drugs would depend upon the type of inflammation, as affected by the temperament and constitution of the patient.

If excitement predominated, as signified by scarlet cheeks and glittering eyes, should prefer a good tincture gelsemium. Iodide potassium acts best in sluggish systems with hereditary or habitual tendency to cerebral congestion. Stupor and lethargy are the conditions. Chloral acts best where nervous irritability is an inherent characteristic of brain cells. Disease produces a low, muttering, agitated delirium. The cells are always reaching out to grasp or repeat impressions, carry on thought, invoke memory—incessantly active in some way and naturally predisposing to sleepiness, and incurring periodical attacks of nervous prostration. Such a brain makes a great demand for blood to carry on its operations. Chloral checks and controls this activity of the brain cell. The best way to give it is in that happy combination called Bromidia. The chloral used in this preparation is free from commercial impurities, while its good qualities are enhanced and its dangers practically eliminated by the addition of other ingredients, resulting in what is almost a new chemical discovery with distinctive properties.—ED.

Baby Foods.

QUESTION:—I am sometimes at my wits' end, trying to compound a food for a nursing mother or an infant in an emergency case, something to take the place of Mellin's, Just's or Eskay's. I had a case yesterday, and it will take a week to procure the required article through the local druggist. It seems to me that we ought to improvise a substitute—a mixture of wheat flour, etc.

I would be pleased to have your recipe.

Canaseraga, N. Y. J. G. A. DAVIES, M. D.

ANSWER:—A nutritious and palatable mixture can be prepared by making wheat flour into balls with water, and baking same until a delicate brown. Grate the outside of this ball into your modified milk and rebake the core of the ball.

Modified cow's milk is the best substitute for mother's milk. The addition of cream, two tablespoonfuls; milk sugar, two hundred grains; pancreatic extract, one and one-quarter grains, and bicarbonate soda, four grains, to the requisite mixture of milk and water—in this case one gill of each—closely resembles human milk. Fairchild prepares an excellent peptogenic powder for this purpose. The addition of wheat flour, treated in the above manner, increases the nutrient powers of the mixture, although we should not recommend it for a new-born infant. The modified milk alone answers best the first three months of life, and babies should be weighed regularly every week. Very thin and very fat babies are suffering from errors of nutrition and need some change in the dietary.—ED.

Error of Nutrition.

QUESTION:—Case, a multipara, now pregnant for the third time. First child at birth weighed three pounds, lived twenty-four hours. Plump and well-formed. In two years she had the second. Weight three and one-half pounds, all right, except small. Lived four hours.

The mother is very fleshy, and what is most peculiar in this case, whenever she becomes pregnant she gets so fat she can scarcely get around. Flesh and strength all seem to go to the mother and nothing to develop the child. They are so weak at birth they can not survive.

Is there anything that can be done to develop the child while being carried by the mother?

Would be glad to hear from the Editor and others on the subject.

Earlton, Kan. MRS. S. K. RILEY, M. D.

ANSWER:—Give Phytoline a trial in conjunction with Aletris Cordial during the entire period of gestation. Allow the patient barely enough food to satisfy hunger, and thus keep assimilation active. Also require her to take gentle exercise systematically throughout pregnancy.—ED.

Some Queries.

QUESTION:—1. What has become of the continued paper by Dr. J. W. Styles, Blue Grass, Iowa, entitled, "The Germ Theory—Does the Germ Cause the Disease or the Disease the Germ"? I have not seen anything of it since the November number, 1899.

2. Is there any matter in existence that can not be expressed by the proper chemical formula?

3. Give particulars of the tuberculin test in diagnosis of tuberculosis.

Texas. READER.

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NERVE STIMULANTS.

Pil. Caffeine Cit., 1 grain.
Dose 1. 40c. per 100.

Pil. Phos. cum Bellad.
℞ Phosphorus .....$\frac{1}{100}$ grain.
Ext. Bellad..... $\frac{1}{8}$ grain.
Dose 1 to 2. 50c. per 100.

Pil. Ext. Ignatia Am., $\frac{1}{4}$ grain.
Dose 1 to 2. 30c. per 100.

NERVE TONICS.

Pil. Asafœtida Comp.
℞ Asafœtida.....2 grains
Ferri Sul. Exs.....1 grain
Dose 2 to 5. 25c. per 100.

Pil. Asafœtida, 2 grains.
Dose 2 to 4. 20c. per 100.

Pil. Sumbul Comp.
℞ Ext. Sumbul.....1 grain.
Asafetida.....2 grains.
Ferri Sulph. Exsic.....1 grain.
Acid Arsen..... $\frac{1}{10}$ grain.
Dose 1 to 2. $1.00 per 100.

NEURALGIA.

Pil. Neuralgic (Gross).
℞ Quinin Sulph.....2 grains.
Morphin Sulph..... $\frac{1}{10}$ grain.
Strychnin..... $\frac{1}{10}$ grain.
Ac. Arsenious ..... $\frac{1}{10}$ grain.
Ext. Aconiti..... $\frac{1}{2}$ grain.
Dose 1 to 3. $1.00 per 100.

Pil. Neuralgic—$\frac{1}{2}$ size (Gross).
Dose 1 to 3. 60c. per 100.

Pil. Neuralgic (Brown-Sequard).
℞ Ext. Hyoscy.....$\frac{2}{3}$ grain.
Ext. Conii.....$\frac{2}{3}$ grain.
Ext. Ignat. Am.....$\frac{1}{4}$ grain.
Ext. Opii.....$\frac{1}{2}$ grain.
Ext. Aconiti.....$\frac{1}{3}$ grain.
Ext. Can. Ind.....$\frac{1}{4}$ grain.
Ext. Stram..... $\frac{1}{6}$ grain.
Ext. Bellad..... $\frac{1}{6}$ grain.
Dose 1. 90c. per 100.

SOPORIFICS.

Pil. Hyoscyamine, $\frac{1}{100}$ gr.
Dose 1. 45c. per 100.

Pil. Svapnia, $\frac{1}{2}$ grain.
Dose 1 to 2. 90c. per 100.

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Seminal Emissions.

QUESTION:—I have seen it stated in some medical journals that a penis congester, combined with electricity, is an almost infallible cure for seminal emissions. Also that it will enlarge organ and give tone to parts. Would like very much to have your opinion (or any other doctor), on the subject. Please answer in next issue of BRIEF. Am a regular subscriber. G. H. A., M. D.

Ind.

ANSWER:—Seminal emissions are due to hyperesthesia of the nerves, or paralysis of the muscles concerned in ejaculation. Electricity, applied by an expert, may prove useful by restoring tone to the parts, but mechanical appliances which cause erections by force are dangerous.

If you will give such patients a teaspoonful of Sanmetto with one-sixtieth grain strychnia, three times daily, bathing the parts night and morning with Ecthol, and avoid constipation, you will cure uncomplicated cases and bring about a gradual and natural development of the organs free from risk.—ED.

Morphine Habit.

QUESTION:—A Texas correspondent wants the best treatment for morphine habit. Let us hear from those who have had practical experience in treating patients at home.

The skeleton of our treatment is: Ten grains ammonium chloride in drachm Celerina every four hours. Strychnine one-thirtieth grain three times daily, with nitro-glycerine as indicated. Five-minute hot pack, followed by friction with towel dipped in ice-water. Bowels flushed out daily with warm salt water. This is a job, for bowels are often impacted, filled with hardened matter and the work must be kept up from day to day until normal, soft, formed feces are passing. Spurious diarrhea must not be mistaken for an empty colon. Salt, fruit juices and plenty water are good things for patients. Temperament and circumstances so influence treatment, no one formula or method is applicable to all.

Arsenite of Copper.

QUESTION:—Please publish in May BRIEF the formula as to dose and time to be taken, of Dr. Kolipinski. Was published in the *Maryland Medical Journal*, and regards the use of arsenite of copper for vomiting of dysentery and cerebral meningitis. J. S. CARANNY, M. D.

Bardwell, Ky.

ANSWER:—Can any of our readers furnish the desired information?—ED.

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BUT IT MUST BE USED PROPERLY.

Administer in at least a half tumbler of water (three times daily, after meals), beginning with a small dose (say 6 drops), and increasing one drop each day.

Best results are only obtained by pushing Arsenauro and Mercauro to point of toleration in each individual case (keeping the patient as near that point as possible).

The maximum dose varies widely, some patients taking eighty-five drops three times daily, others being unable to reach a dose of over ten drops.

When reaching point of toleration, (manifested by the usual signs, such as puffiness under the lids, loose, griping evacuations, frontal headache, dizziness, tingling of the fingers, etc.), medication should be stopped for twenty-four hours, then resumed with dose slightly less than the one administered when toleration point was reached. Patient should be maintained upon this ascertained limit for a protracted period.

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Facial Neuralgia.

QUESTION:—Please suggest treatment for case as follows:

Patient forty-two years old, a farmer, well built, muscular and strong; weight one hundred and sixty.

Four years ago had a severe a tack of rheumatism lasting all winter. Complained since of slight muscular stiffness and soreness. For two years past terrific attacks of facial neuralgia of right side of face. The aura commences at the angle of mouth, runs through the face over the eye into the forehead, lasting for a minute or two, then going and coming several times in an hour. Better for a few days, then worse again. Draughts of cool air through the head or rubbing face with hand will start it.

JAMES P. HAWES, M. D.
Temporarily, Washington, D. C.

ANSWER:—Give him three grains of ammonium iodide in a drachm of Sanmetto three times daily for several months, if necessary, and purge him twice a week with epsom salts. Paint right side of back and back of neck with tincture capsicum once daily.—ED.

Trachoma.

QUESTION:—Where can Pagenstecher's ointment, for trachoma, be obtained, and what is it composed of? Is this ointment the best application that can be had for granulated lids? Have a very stubborn case that is giving me untold annoyance, and any information that will benefit my patient will be gladly received.

Ky. J, H. S., M. D.

ANSWER: — Pagenstecher's ointment can be obtained of any druggist. It is made by adding eight grains to one drachm of yellow oxide mercury to one ounce of lanoline or spermaceti ointment, mixed with a few drops of olive oil. It is of use in some cases; in others it has little effect. It is most valuable in acute and subacute cases. A weak ointment containing equal parts quinine and pulverized hydrastis in vaseline acts well in chronic cases. The latter require prolonged alterative treatment. Give Iodia in teaspoonful doses after meals, and keep the bowels open.—ED.

To Remove Stains.

QUESTION:—What will remove stains from the hands? R. E. S.
Mich.

ANSWER:—Try lemon juice, rubbing the hands thoroughly with a cut lemon before washing them.—ED.

[Written for the MEDICAL BRIEF.]

Puerperal Convulsions.

BY A. C. BAILEY, M. D.,
Lono, Ark.

I was called on January 31st to see Mrs. Mc., in labor, and at 11:30 P. M. on February 1st, I delivered her of a fine baby girl. No unusual symptoms present during this time save a terrible headache, and her face was very badly swollen, and had been for several days. But while I was tying and severing the cord she was seized with a convulsion and they continued to come on every ten, fifteen, twenty and twenty-five minutes for five hours. Having had fourteen or fifteen convulsions during the five hours and the hardest I ever saw.

Treatment.—I got my chloroform as soon as I could and gave it to husband to administer while I prepared a hypodermic of morphine one-half grain, atropine one-fifteenth grain. Repeated the above dose in an hour, and at the expiration of an hour and a half gave her another hypodermic of morphine one grain. Gave her chloroform almost continually for six hours except when convulsions were on. She began to regain consciousness in four hours after the last convulsion. She is making nice recovery. I would like to know what the Editor and BRIEF readers think of such heroic treatment?

Success to Editor.

Bad Case of Epilepsy.

Dr. C. V. High, of Morley, Mich., writes: In my hands Peacock's Bromides has proved to be very valuable in the treatment of hysteria, epilepsy, etc., and in the most decided and apparently inveterate case of epilepsy that I have seen, which was produced by an injury to the head, Peacock's Bromides controlled the epileptiform paroxysms.

Acne Rosacea.

℞ Liq. Potass. Arsen. ..... 1 drachm.
Kalii Iodid ..... 1 ounce.
Fl. Ext. Taraxici ..... 1 ounce,
Liq. Ammon. Acet. ..... q. s. ad. 6 ounces.
M. Sig.: One drachm after each meal.

—*Med. Sum.*

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[Written for the MEDICAL BRIEF.]

Post-Partum Hemorrhage.

BY E. STANMORE BISHOP, F. R. C. S., ENG.,
Honorary Surgeon Ancoat's Hospital, Manchester.
Manchester, England.

If anyone of us were asked, what is the most exciting and anxious time in a general practitioner's life, I think we might safely answer that the experience of *post-partum* hemorrhage in a young and previously healthy woman, confined of her first child, is far away the worst. Any case of *post-partum* hemorrhage is calculated to try the nerves of the stoutest amongst us, but when it occurs under the circumstances I have mentioned, the tragedy of it is most intense. The young husband and wife, now for the first time father and mother, have been looking forward for so long to this, the happiest day of their lives, never have they seemed so near and dear to each other. The supremest mutual interest of their existence has culminated; and now, although the happy event seemed well and safely over, whilst yet they are looking forward to the delight of discussion and examination together of their wonderful prize, in a moment, as it seems, everything is reversed. The tenderly loved wife is rapidly dying, and in the most horrible way, with perfect consciousness of the terrible situation to the last. The husband is hardly made a father than he is also a widower, whilst the child is orphaned of the one care which is in all the world the most necessary to it. And the doctor! All the anxiety, the crushing responsibility, the heart-rending hurry to do everything that human or superhuman ingenuity or skill can suggest, tears his heart as he vainly racks his brains for some means to save the gentle life rapidly and surely slipping away. Nothing in all his work takes so much out of the medical attendant; nothing ages him so fast as to participate in such an awful scene. Think of the frenzied entreaties of the husband, "Can nothing more be done?" and the piteous, inarticulate, but as it seems to him, reproachful, look on that dying face—reproaching him for what? Can he have missed anything? Forgot-

ten anything? Did he do this rightly? Did he waste time over that when something else might have succeeded? For days and for many nights he will torment himself with vain regrets, vain surmises, vain wishes. All vain, for the young mother is dead.

And is it not a cruel thing that such a man, flying to text-books and authorities for guidance, is met by advice as chaotic and doubtful as his own tormenting brain? That his very education which was to fit him for prompt and decisive action at such a time, has been such that whilst he is surrounded in every direction with remedies which he is advised to try—to try! forsooth within the short space of thirty to sixty minutes, with the chances against success becoming greater with each succeeding minute!—not one of his teachers has the force of character to say do this! and this only! trust to this and it will not fail you, because it is founded on absolute anatomical and physiological facts. But this is not the attitude in which to discuss science and scientific theories. In speaking of such things, a dignified indifference, a cultured calmness of mind is requisite. I confess I lose patience when I remember some of the scenes through which I have passed and the miserable help I have obtained from authorized works and authorized teachers who profess to deal with this subject.

And remember, that the fight, when it comes—and in a general practitioner's work it may come at any moment—must usually be fought alone. There is often no chance for consultation, no possibility for shifting responsibility onto another man's shoulders. And why should we shift it? Is the danger to the poor mother less because two men, neither of whom is certain what to do, are looking on, and each is giving medicine which she has not strength to swallow, or which is vomited as soon as taken, or else doing things foredoomed to failure, than if only one was pursuing the same futile course? It is the mother we have to think of, not of our own responsibility. And for the credit of the profession, I believe that is always the one and only thing we do think of. But still there is a feeling that two heads may be better than one. Personally, I am sure that two heads filled with the teaching to be found in most works on midwifery are far worse than one, because they can only suggest another useless thing to—try!

But surely, you will say, this can not be the actual fact. The picture is, must be, enormously overdrawn. It is not possible that now, at the end of the nineteenth century, teachers leave those for whose knowledge at such critical times they are responsible, in a state of doubt as to the absolute course to pursue, especially if, as you seem to suggest, there is a positive, certain method to adopt. Well, read and judge for yourselves. Ask yourselves whether you, too, have not been deluged with remedies in which the faith of your teachers and lecturers has been so faint that they have advised you first to *try* this, that, and the other, and if these fail, still a fourth thing.

Writers on *post-partum* hemorrhage usually begin by confusing the mind by academic disquisitions on possible causes. One is taught that certain persons have a homophilic tendency—the result of which is at once and primarily to discourage any effort at all. since if every little raw surface is bound to bleed intractably, what is the use of attempting to stop it? The only way to counteract a constitutional tendency is by constitutional means, and in heaven's name, what time have we for that? The writer generally fails to impress upon his readers that such cases are out of all proportion—rare—so rare that it is wisest to dismiss any thought of them from one's mind. One writer mentions a diseased state of the "ganglion cirvicale uteri" as a possible cause. Exhaustion from protracted labor, previous over-distension of the uterus, and the administration of chloroform, too rapid artificial delivery, neglect of the advice to keep the hand continuously upon the uterus until the placenta is expelled, previous habits of life or surroundings tending to produce a lax habit of body favoring uterine inertia, laceration of the cervix, relaxing effects of hot climates, hour-glass contraction of the uterus, adhesion of the placenta, uterine atony, uterine inertia, presence of

fibroids in the uterine wall, distended bladder or rectum, are all to be recalled to one's mind at this critical time and to be carefully considered.

Let us consider them now whilst it can be done coolly. They may, I think, be readily divided into three classes. First, those causes which are so rare that they are outside the area of practical work; second, those due to previous wrong action on the part of the practitioner, and, therefore, such as should never occur; and third, and most important of all, those due to or synonymous with a temporarily tired out and exhausted condition of the uterine muscular fibre.

In the first class are contained hemophilia, presence of fibroids in the uterine wall, and "a diseased condition of the ganglion cervicale uteri." Dismiss these from your mind altogether. Hutchinson, I believe, once said, that the brain has only a limited power and can not contain an unlimited number of things at one and the same time. That limit is reached with varying degrees of rapidity, but it can always be reached. One might add that we have only a definite amount of attention which we can devote to any subject. Its keenness is in direct proportion to its concentration. The more widely it is spread the less perfect is its appreciation of the subject before it. If that is true generally, it is ten times more true at times like this. Refuse absolutely to burden your mind and confuse your mental sight with useless impedimenta. They may be useful as excuses after a fatal result, but that is all their value.

The second class includes mismanagement of the third stage of labor. Too rapid instrumental delivery, tugging at the placenta, laceration of the cervix by immoderate or unskillful use of forceps, tearing of the vagina—all these things should never occur, and I have nothing new to say about them.

But the third class is the most common and the most important by far. They represent what is ordinarily met with, one might say ninety-nine times out of a hundred—a tired uterus. The uterus is a hollow muscle, and at the end of a labor has done a great deal of work. The work is not usually more than it is well able to perform, with a fair reserve for the final complete contraction, but every now and then, it is either more than enough, or fully enough, leaving no reserve force available. When this is the case, it relaxes, leaving the space inside from which the placenta has separated, a freely bleeding area, because the open vessels and sinuses are not tied up by nature's own ligatures, the contracted uterine fibers around and between them.

Over-distention, hydramnios, previous habits of life producing a general lax fibre, the relaxing effects of hot climates, all assist in bringing about this later condition. *None of these, however, destroy this muscle, and it is always capable of reinvigoration, if time can be allowed it.*

It is easy to see that all grades of difference between these two extremes are likely to occur.

The use of chloroform may possibly deaden to some extent the excitability of the uterine muscular fibre, but this soon passes off when its administration is stopped. Personally, I have never seen such an effect.

And now, refer to your text books, and see once more how you are advised to deal with this condition. One well-known authority says: "The remedial means may be divided into two classes. 1. Those which act by the production of uterine contraction. 2. Those which act by producing thrombosis in the vessels. Of these the first are the most commonly used; and it is only in the worst cases, *in which they have been assiduously tried, and failed*, that we resort to those coming under the second heading."

The first method includes (I am compelled to shorten the description, but the pith of it is faithfully given):

1. Firmly grasping the uterus until all its contents are expelled and hemorrhage arrested. The effect is kept up by gently kneading the uterus until certain that undue relaxation will not recur.

2. Friction.

3. Compressing the uterus between the fingers of the right hand passed high up into the posterior vaginal *cul de sac*, and the left hand over the abdomen.

Whilst this is being done, a full dose of ergot is to be given, and if already administered it is to be repeated. Ergotine, in doses of one two-hundredth grain injected hypodermically, as it acts with much more power, and more rapidly, is preferable. This however, is only a useful accessory; and requires considerable time to operate.

4. Stimulants to be regulated by the state of the pulse and degree of exhaustion. Do not make the patient drunk. *In the worst cases there is no absorption and the doctor is only filling the stomach with fluid to be eventually thrown up again unaltered.*

5. Hypodermic injection of sulphuric ether, one drachm at a time. Repeat as required.

6. Throw open the window. Keep the head low. Raise foot of the bed so that *the head is lower than the pelvis.*

7. Pass the hand into the uterus and clear the cavity of its contents. This is the more essential if the placenta is retained or adherent.

8. Use *intermittent cold.* Pass a piece of ice into the uterus. (Is the action of this *intermittent?*) Inject iced water into the rectum. A very powerful remedy is washing out the uterine cavity with a stream of *cold* water by means of a Higgenson's syringe, the long nozzle of which is carried up to the fundus. Apply ether spray to the lower part of the abdomen. "All these remedies, however, depend for their good results on the fact of the patient being in a condition to respond to stimulus, and their prolonged use, if they fail to excite contraction rapidly, will certainly prove injurious."

9. "Intra-uterine injection of *hot* water temperature 100° to 120° F., *has been highly recommended* as a powerful means of arresting *post-partum* hemorrhage, often proving effectual *when all other treatment has failed.*"

10. Plugging the uterine cavity with gauze, or with pledgets of cotton wool, soaked in carbolic solution, "*must be admitted as a useful resource* in certain intractable cases." The vagina should be subsequently plugged with pledgets of cotton wool soaked in glycerine or carbolized water, and dusted with iodoform. The plugs are allowed to remain from eight to twelve hours. "I have no personal experience of this treatment, but the evidence in its favor is strong. It is clearly one which can only be resorted to in very intense cases of hemorrhage *when all other means have failed.*"

"If the uterine cavity should be only partially or ineffectually filled, concealed internal hemorrhage might very readily be going on without the practitioner's knowledge."

The only criticism necessary to make upon this method is, that in these cases is that any foreign body in an atonic uterus such as all these are—I do not give names, as I am not hunting for libel actions. My only object is to represent the present state of things faithfully, and to point out the remedy. The date of this book is 1893, produces wider opening still of the sinuses from which the blood is escaping and acute dilatation of the uterus itself.

11. Compression of the aorta is highly thought of by many continental authorities, but it is little known or practiced in this country. *As a temporary expedient*, it should be borne in mind, and adopted when necessary. If it only controls the case *for a few moments*, it gives us time to apply other and more radical methods of treatment.

12. The faradic current *may* be used, and is, *it is said*, a very powerful agent in inducing uterine contraction.

13. When the hemorrhage has been excessive, and there is profound exhaustion, bandaging of the extremities with Esmarch's elastic bandage—as a *temporary* expedient in the worst class of cases—*may occasionally prove of service.*

14. "*Supposing these means fail*, the only other agent at our command is the injection of perchloride of iron solution. It is not proposed by anyone that this means of treatment should be employed *until all ordinary methods of evoking contraction have failed.* And we shall be fully justified in adopting it, even if its possibly injurious effects had been much more certainly proved."

15. "Other local astringents *may be eventually found to be of use.* Tincture of matico, *possibly might be* serviceable. Penrose advises a handkerchief soaked in common vinegar. *This is certainly worth trying before the* iron solution."

The italics are mine, and are intended to draw the attention of the reader to the hesitating, "do not blame me if it does not succeed" tone of the whole advice given. But note especially No. 11. Is this sheer insular prejudice, or is it gross stupidity? But I shall return to the method later. Here is another well-known authority, and his book is dated 1897, one of the latest written on this subject. He begins by saying that *post-partum* hemorrhage is due to utery atony or inertia.

"The object," he says, "to be aimed at is compression of the bleeding vessels at the placental site. This is best accomplished by making the uterus contract, for no clotting in the absence of contraction is of the least use"

In following the line of treatment to be now described, the various maneuvers must succeed one another rapidly, and the preparations necessary for those to follow must be made while any-one method is being employed.

1. If the placenta is retained remove it.

2. Compress and knead the uterus through the abdominal walls.

3. Keep up the pressure by one hand externally, passing the other up to the fundus. Clear out all clots, and compress the uterine wall between the hands.

4. With the internal hand in the posterior *cul de sac* of the vagina, compress the uterus bimanually.

5. Give a vaginal douche, two quarts of water as hot as the hand can bear it, or 180° F., and if this does not cause some contraction after a pint or so has run, pass the tube up to the fundus; or if the bleeding is very severe pass it up to the fundus at once. Other substances which have been successfully used to apply to the interior of the uterus are turpentine, vinegar, and lemon juice.

6. Plug the uterus. There is no harm in passing a small piece of ice into the uterus. As to compression of the uterus, the same author says: It is not always easy to find the fundus, however, when it is completely relaxed.

As to plugging, he admits that it has been urged against this method that bleeding has sometimes occurred after the plug was applied, but he airily sets this aside by saying: "That the uterus was in all probability not properly plugged in the cases alluded to."

In reference to the injection of perchloride of iron, he says: "It is a dangerous method for the following reasons: The solution *may* pass through the tubes *into* the peritoneal cavity and set up peritonitis. Thrombosis may extend too far, and involve the pelvic veins and the *vena cava*. The very tough clot formed in the uterine cavity is tenacious and difficult to expel. It will not improbably putrify and cause septic trouble.

Here is another date, 1893. "The one essential cause of hemorrhage from the placental site is atony of the uterus, and without this it can never occur. The atony does not necessarily affect the whole uterus. It is essential that the placental site, or part of it, should be the atonic portion, as it is generally apt to be given a certain amount of this. There are other causes which promote hemorrhage. Retention of the placenta, adhesion of the same, the presence of clots or a fibroid tumor, excessive vascular tension, excited action of the heart, relaxation of the arteries supplying the uterus — whatever that may mean—any condition of the blood rendering it less prone to form thrombi; a tendency to uterine inertia as shown by floodings at previous labors; any debilitated condition, or any form of malnutrition, some morbid state of the nervous system," etc.

"The essential point in treatment is to secure contraction of the uterus. The first expedient to be *tried* is direct manual stimulation. The patient should be placed on her back and the uterus grasped, compressed and kneaded with both hands. Care must be taken not to cause inversion. *If this treatment does not quickly succeed*, one hand should be introduced into the uterus, clots turned out, and the placenta removed, if not previously expelled. The uterine walls are then compressed between the outside hand and that in the uterine cavity."

If bimanual compression does not produce adequate contraction, stimulation by heat or cold should be *tried*.

A new treatment has been introduced for those extreme cases of *post-partum* hemorrhage in which *all ordinary means*

fail to excite uterine contraction, and in which *the only available treatment* has hitherto been the use of perchloride of iron or other styptic, viz., plugging the uterus. "It appears probable that *in skilled hands* the treatment may prove less dangerous than the injection of perchloride of iron, but there is, as yet, little evidence on the subject in Britain." "The alternative to plugging in extreme cases is the injection of perchloride of iron or other styptic."

There are three serious risks in the injection of perchloride of iron, and it should not, therefore, be used *unless all ordinary means have been tried in vain, and the patient is in imminent danger of death.* 1. A coagulum may be carried from a uterine sinus, and cause pulmonary embolism. Sudden death from this cause has occasionally followed the injection. 2. The solution may pass along the Fallopian tubes and set up peritonitis. 3. The clots formed are apt to decompose and set up septicemia.

So the alternatives suggested are measures which may fail and have failed—are, as I believe, bound to fail from the inherent condition of the case, or a method so risky, that the person using it may directly and suddenly kill his patient by its use.

The foregoing are taken from the text-books in midwifery in ordinary use for students at the Victoria University at the present day. Take, now, the advice given by an American professor at a well known American university, and published in the *International Clinics:*

"*Post-partum* hemorrhage is due either to a retained placenta, atony of the uterus, or to tears of the uterus or the genital tract. If the placenta is retained remove it by the Credé method of expression. A full bladder frequently interferes with this, therefore empty the bladder.

"If this does not succeed, remove it by the hand introduced into the uterus.

"The causes of atony of the uterus are conditions which have led to extreme distension, hydramnion and multiple pregnancy. There may be a weakened condition of the uterus due to the general condition of the patient. A person with kidney disease or heart disease often has atony of the uterus. Sometimes in a very long protracted labor there may be a tiring out of the uterine muscle. On the other hand, a very rapid labor may be followed by atony, especially when there has been instrumental delivery. Hyperplasia of the uterus, where there is more or less change in the vessels, is a frequent cause of hemorrhage following atony of the uterus.

"As to the treatment of atony of the uterus, first we use ergot by hypodermic injection, when we want an immediate effect. Massage or rubbing of the uterus is another means that is always to be employed, and then compression of the uterus, one hand in the vagina and another outside. Vibratory massage *has lately been considerably spoken of;* one hand in the vagina, the other outside on the abdomen; with a very rapid vibratory motion, the uterine muscle is excited to contraction. This vibratory motion, to be at all efficient, must be extremely rapid, and should not be less than ten to twenty vibrations in a second.

"The most important of all methods is the hot-water injection, which may be either vaginal or intra-uterine. I wish to call your attention to the importance of having the water very hot. Water at 110° F., is probably rather harmful than otherwise; to be efficient it should be at least 115° F., or better, 120° F.

"The application of any astringent to the interior of the uterus is quite out of date, and deservedly so. The use of ice in the uterus is also very much to be objected to. There have been quite a number of cases of tetanus reported following the use of ice in the uterus for *post-partum* hemorrhage. Every case, I can assure you, can be controlled by the means I have suggested, if they are carried out thoroughly and systematically."

Then he advises hypodermic injection of sterilized saline solution, which he thinks is not used nearly so much as it should be.

You will notice that the American writer speaks with much more certainty than the English authors, but since he suggests nothing fresh, the effect of his confident tone is rather discounted by the fact that the English writers, who have probably had quite as much ex-

perience of these methods, have seen them all fail, and more or less expect them to fail. Nothing fresh, I said, unless vibratory massage be used. If it is, it is very open to criticism. Who is to produce vibrations at the rate of twenty per second, and for how long are such vibrations to be kept up. It would be necessary to construct a machine for the purpose, for no human hand could do it for any length of time. As to the injection of saline solution, this is an extremely useful measure *after* the leakage has ceased. Otherwise, with still widely open vessels, one would only wash out of the system the small amount of blood that remained, whilst its proportion of fibrin, so necessary for the production of the ultimate plugs in the uterine sinuses, would be fatally decreased.

I have given these quotations in some length, because I am anxious not even to appear to exaggerate the present state of things, and besides nothing could better illustrate, demonstrate, the need for very plain speaking.

Now you will note that all these authors talk of the uterus practically as if it was a sulky, stupid child, which could behave itself if it would, and must be made to behave by all available means. The very word inertia, so freely used, suggests this: It is a sort of sub-conscious idea present in their minds. It is stupid, whip it—stimulate it is the word used, but the English and American of that is whip. Whip it in actual fact, by squeezing and flicking with a wet towel, applying ice internally and externally, very hot water, the faradic current; whip it physiologically with ergot, given by the mouth or hypodermically; strychnine or any other favorite drug. Whip it in any way you like, but flog it severely until it wakes up to a consciousness of its proper duty to man, or rather woman. The same writers admit that it is also sometimes in a state of atony, but the sub-conscious idea is so strong in their minds that they whip it just the same. But what is the actual fact? The uterus you are flogging is not stupid, it is simply exhausted, its muscular force temporarily used up.

Uteri differ as the biceps of men do. They are both muscles. Some are strong and well developed, capable of hard work for hours without fatigue, and ready for more when that is done. Some are poor and weak, capable of some work, but easily fatigued, and requiring rest before undertaking more. Any attempt to get more work out of these without a period of rest is foredoomed to failure. It simply can not contract safely and firmly until after a little time of relaxation. You may stimulate in any way you like; stimulation does not put the missing strength into the tired muscle. It simply exhausts it more rapidly. Spasmodic efforts it may make, but they are necessarily futile, and soon over, and the state of the muscle then is worse than it was before; our American teacher alone mentions the possibility of this fact, but even he only allows it after a very prolonged and exhausting labor. There, again, is a subdominant idea, which is erroneous. He takes it for granted, or at least argues as if he did, that all uteri have much the same strength, and that only a very tedious and difficult labor could possibly exhaust them; but directly it is pointed out, the fact must be recognized that a muscle which has been over-distended, or which is part of the muscular system of a weak person can not be as strong, or have as firm a tone as that of a perfectly strong and healthy person.

We have, then, in such cases, a tired muscle, which requires rest. How are we to give it this? Apparently there is no time available. Whilst no muscle is recuperating, the patient is dying. Moreover, to ensure recuperation of muscle some blood supply is necessary. But that supply is rapidly draining away, and is every moment becoming less. Rest would appear to be the one thing impossible.

Is it? Consider. Blood is being poured out from a multitude of small vessels, arteries and veins, deep down inside a hollow viscus. But all these vessels are merely branches of two great trunks—the vena cava and the aorta. They come from no other source. There is no other source possible. In ordinary cases of bleeding, what are our infallible means, and our only means of its arrest? If blood is coming from veins, elevation of the part of the body containing those

veins until it is on a much higher level than the heart. All venous bleeding is immediately stopped by this maneuvre. Do we not always trust to this in the hemorrhage from a burst varicose vein, and do we ever find it fail? That here there are more veins than one makes not a particle of difference. Elevate the foot of the bed. Elevate it high. Do not merely put a brick under each leg. That is not elevation which is to do any good, it is mere perfunctory compliance with the letter of the advice. Elevate the foot of the bed until the uterus is six or eight inches above the heart; so best will you deal with the *venous* outflow.

You will see that this is a very different thing from the elevation of the pelvis above the head, recommended by our first author—which, as he distinctly says is simply "to favor the current of blood to the head and lessen the tendency to syncope." Our present plan does this, too, but it does much more, it mechanically prevents the outflow of venous blood.

But all the blood does not come from veins. A great deal is arterial. How do we deal with arterial bleeding? Tie the vessels at their bleeding points. Yes, and that is what Nature does for us in ordinary cases by the contraction of the surrounding muscular fibres in the case of the uterus. But it is obvious that we can not get at these vessels to tie them, and our natural ligatures, the uterine fibres, are helpless. Even when we tie vessels on an open surface, if it is an extensive one, and the vessels are numerous, do we do nothing else? In all cases and as a peremptory primary necessity, we compress the feeding trunk, *and we keep it compressed until the vessels are all tied.* Can not we do this here? Most certainly we can. All the arterial vessels, however numerous, are fed by two sets of arteries, the ovarian and the uterine. Fredet says the entire uterus is supplied by the uterine arteries alone. I think that during pregnancy and after parturition this is not so, but in any case the main supply comes from the uterus. The two uterine arteries come from the two internal iliacs, which through the common iliacs spring from the aorta. Compress the aorta against the bony spine immediately behind and to the right, and you have absolute command of arterial bleeding from the uterus.

That some blood will still reach the uterus through the ovarian arteries is one of the great advantages of this method. A muscle will not recuperate quickly if *all* blood is shut off from it. By compressing the aorta, we shut off the main bulk, but enough will still reach it through the ovarians to permit of its restoration of tone. The mode by which the uterus is arterialized might have been devised specially for our help in these cases.

With such compression and effective raising of the foot of the bed you are absolute master of all uterine bleeding, as long as you maintain them. And the aorta is reached with consummate ease in these cases. The abdominal wall is unusually supple. It has been stretched for months by the steadily enlarging uterus. It has not yet recovered, and will not for many days recover its tone. It yields easily to pressure from without, and the hand readily finds the vessel, and can easily isolate, and compress it *alone* against the left side of the prominent spinal bodies. There is no sense in Cazeau's objection, so gravely quoted against this plan by some English authors, that it is hardly possible to compress the aorta without, at the same time compressing the vena cava. If we were talking to first year's students, it would be comprehensible, but to properly trained qualified medical men, the suggestion is absurd.

But whilst this method is mentioned and dismissed as apparently of little importance by our first author, it is evident that the reason of the procedure has never even been perceived by him. It is to be a "temporary expedient," and the utmost to be hoped for it is that it may control the hemorrhage "for a few moments." If a limb is amputated, its feeding artery being controlled, how long do we keep up pressure on that artery? Until all its bleeding branches are tied, of course. So here, we must keep up the control of the aorta until all its bleeding branches are tied by their natural ligatures, the contracting uterine fibres. Therefore, until the

uterus has had time to obtain the necessary rest, and the resulting recrudescence of tone. The other hand over the uterus will always notify us of this. The uterus is not sulky; as soon as it can, it will contract. When it has contracted up, the pressure may be slowly taken off, but very gradually, for we have no wish to wash away, by a sudden current, the small thrombi which have formed during the rest we have been able to obtain. No one who has not personally tried this plan can have any idea of the increased force in the aortic beat as felt by the compressing hand, after even a quarter of an hour's control. The wave, which at first was so faint and thin as hardly to be felt, is now a firm, full stroke; the veins, being unimpeded, have returned most of the blood in the lower extremities to the heart, and this whilst allowed to circulate where most it is required, through the lungs, cerebral nerve centers, and the heart walls themselves, have been prevented from passing back into the lower extremities. This, you will see is absolutely a different thing from bandaging the legs and forcing the venous blood in them up towards the heart, only to lose it again through the practically open aorta.

Of course, it is advisable to clear out the uterus, so as to give it as little as possible to do when its strength returns, and is as yet feeble. But there is no need for any tremendous hurry. This can easily be done *after* the source of the blood is under control. *That* is the one primary duty, and moreover, when that has been done one clearing out is sufficient. As no more blood can find its way out, fresh clots are not being formed as soon as we have cleared out the old ones, which is always the case under any other circumstances. I have seen the uterus cleared out four times, and the state of the cavity at the end was as bad as at first.

Inasmuch as ergot takes about twenty minutes to act, a hypodermic injection of ergotine given *after* the bleeding vessel is controlled is useful. There is no doubt that it assists in making contraction more perfect, when contraction is once more possible. But that very fact demonstrates its uselessness when blood is steadily and rapidly draining away, and the little power that the uterine fibre originally possessed is fast leaving it. Hypodermic injection of saline solution is useful, and very useful *after* the leaking points are firmly closed; but this is a maneuver to be put in practice then, perhaps, some hours after all danger of hemorrhage is over, *not* whilst it is still going on.

I have to my sorrow had personal experience of both methods of treatment, and could adduce cases enough to satisfy the most exacting, but this paper is already too long, and after all the best proof of its truth is to be found in the letters I have received from many countries thanking me for pointing out this course in a paper which appeared in the *Lancet* some years ago, and giving confirmation of all I have said by cases in the writer's own practice. Still, however, the old teaching goes on, and in journals and lectures the old futile methods are repeated and recommended year after year without change, and without the faintest reason being adduced for such dangerous persistence. The French writers see, apparently, more clearly, and advocate it warmly, but this *mirabile dictu* appears to be only another reason for some English authorities to treat it with indifference and semi-contempt. Are the facts true, or not? If not prove them to be so. If true, any other teaching is, under the circumstances, almost criminal.

Cease flogging a tired uterus, either from within or without, by mechanical or medicinal means, and "*turn off the tap.*"

3 St. Peter's Square.

Peroxide of Hydrogen in Chloasma.

Dr. L. Duncan Bulkley says that in chloasma the action of the peroxide is sometimes very satisfactory, but occasionally fails. To be effectual it should be very freely applied, and allowed to soak into the skin, by means of cotton soaked in it and laid over the surface for five minutes morning and night. It will cause somewhat of a desquamation, but this can be easily remedied by the use of a little lanolin and rose ointment or by a borax and glycerine lotion.—*New York Medical Journal.*

[Written for the MEDICAL BRIEF.]

Menstruation.

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(Continued from page 841.)

The general deduction which I draw from the foregoing statements is that the premenstrual pain is frequently not only myometritis but oviducal colic. When the oviducts are stimulated they go through a peristalsis similar to that of the intestines, and are capable of producing colic just as are the latter. When the oviducts are diseased and become irritated into peristaltic movements they produce a dull, aching, sickening pain. I have seen this oviducal colic last from one to two hours after a digital examination. Is not infrequently caused by coition, and is then called dyspareunia. In short, irritation of the automatic menstrual ganglia will induce oviducal peristalsis; and should the oviducts be diseased, pain is liable to arise.

The treatment of menstrual disorders depends entirely on the causes and existing conditions. The causes may be general or local. The general or systemic causes are: profound impressions on the constitution, as tuberculosis, excessive fat, exhaustion, change of climate, lack of nervous energy, etc. Such general causes demand general treatment. Debilitated women often cease to menstruate—Nature saves them from losses—but returning health re-establishes the menstrual rhythm. Large numbers of women suffering from dysmenorrhea have been attacked about puberty with an inflammatory process invading endometrium and myometrium. This process checks further genital growth and the woman suffers from inflammation and atrophy of the uterus and oviducts.

The local treatment most concerns the gynecologist. It may be noted that many menstrual disorders begin at the menstrual rhythm and gradually increase. Rest (in bed) at the menstrual period is the most applicable and valuable therapeutic measure known. A few days of quietude at the monthly rhythm is the prophylaxis which saves many a woman from being an invalid.

In regard to amenorrhea—the absence of the menses or a very scanty appearance—we have no known drug which will restore the flow. Emmenagogues vanish under analysis. Iron and manganese enjoy to-day the widest favor as stimulants of the pelvic organs.

In my experience iron congests the pelvic organs to a considerable extent, and should be avoided in genital hemorrhage and inflammation. In electricity we possess one of the best uterine stimulants. If a girl is not disturbed in her general health by the amenorrhea it is frequently good treatment to let her alone, for often the uterus is of an infantile character, and nearly all therapeutics fail in such cases. Intra-uterine pessaries are dangerous, and they nearly always end in endometritis and salpingitis.

As to the dysmenorrhea, it generally depends on an inflamed uterus and oviducts, and treatment must be directed to subdue the inflammation. The two most effective remedies in uterine and oviducal inflammations are the hot vaginal douche and the glycerine tampon. The douche should be given from a fountain syringe while the patient lies on her back. A large pail with a rubber connecting tube from its lower end makes the cheapest and best apparatus.

The douche should be started with a pint of warm water for a young girl, and two quarts for a married woman, and the quantity and the heat should be daily increased until a pailful morning, two pailfuls evenings. I use for every gallon a handful of salt (Na Cl) and a teaspoonful of alum. It should require from twenty to thirty minutes to take a large douche. The effects of the douche are to contract the uterine and ovarian arteries, to contract the genital veins and to restore them to their original tortuosity, to contract the lymphatics, to contract the genital tissue about all the vessels, to prevent the vascular stasis, and to shorten elongated genital supports. The douche can be raised to 120° F. The glycerine tampon should be applied two or three times weekly. It is supportive, hygroscopic and depletes the genital and pelvic fluids. The

tampon and douche tend to restore the genitals to their normal tone.

Menstrual disturbances are only symptoms of disease. When, at the menses, the temperature rises and there is pelvic tenderness, I believe it is frequently due to the leakage of infectious matter from the oviducts into the peritoneum. The matter was harmless while in the oviducts, but on the peritoneum it becomes a source of disease. Also drain the bowels and kidneys by drinking three pints of hot water daily, and advise for absolute regular hour for evacuations. Besides a daily salt rub for the skin. Many young women suffer from endometritis due to stagnant secretions, the entrance of infection at the monthly period, or as a consequence of manipulation or masturbation, the entrance of dust or the rubbing of soiled clothing. General tonics, hydro-therapeutics, fresh air, may induce healthy and painless menstruation.

I am opposed to examining young girls for slight and transient troubles, but if the symptoms justify interference a thorough examination should be made and the necessary medical or surgical methods followed. All existing conditions should be investigated and all discoverable causes removed if possible. Diet should be regulated. If constipation exists, it should be corrected; a very simple and efficient plan is to have the patient drink every night on going to bed a glass of hot water, containing from a quarter to a teaspoonful of epsom salts, following with regular evacuations of the bowels after breakfast in the morning; hot coffee at the close of the morning meal stimulates bowel peristalsis and aids defecation. The bladder should be regularly emptied. A full bladder or a full rectum greatly influence the position, as well as the circulation of the uterus.

Occasionally young women have a cessation of the menstrual flow for a few months, though they may have been quite regular for years. Such cases frequently complain of a peculiar illness. There is an old tradition among the laity that the menstrual blood is poisonous but this is without the least known foundation. Still it may be a question whether auto-intoxication may not arise in menstrual suppression.

The so-called hystero-epilepsy, or menstrual epilepsy, has attracted much attention of late among gynecologists. It is generally recognized that when women have convulsive seizures simulating epilepsy, all the convulsions are exalted at the time of menstruation and that in most cases menstruation is deranged. Cases of mild menstrual neuroses not infrequently pass through one's practice, but severe menstrual neurosis is rare. I have seen no permanent benefit from drugs in such cases. Operative procedures sometimes afford relief. The worst case I ever observed carefully was under the care of Dr. Lucy Waite; the patient was less than twenty-two years old and had suffered from severe menstrual neurosis for six years, becoming steadily worse until she required an attendant some ten days during menstrual period; she was violent in action and was the subject of most extraordinary delusions, hallucinations, and had at her periods dozens of convulsions absolutely simulating those of epilepsy. She was abandoned by her relatives and her guardian.

After a consultation it was decided, as a last resort, to remove the oviducts and ovaries. The patient made an excellent recovery, and ten months afterwards she received a letter from her guardian stating that the patient was well and had gone to work. This was one of the most remarkably successful cases I ever observed. The "fits" quickly ceased after the removal of the appendages. However, at present we remove the uterus per vaginum for this course.

However brilliant the results may be in single cases, it is urged that conservatism and caution be exercised in removing the appendages in any case for neurosis. Pain and nervousness are often amenable to this procedure; the condition is generally rendered worse thereby. But when the convulsive seizures have extended over a distinctly long period, and are positively associated with the menstrual rhythm, and two experienced physicians agree, after careful consultation, then the removal of the appendages may be considered. No healthy genitals should be removed

for any neurosis. Also, I have never examined a subject with so-called hysteria epilepsy without finding distinct palpable disease of the genitals, especially the uterus.

The menopause signifies the cessation of menstrual life. The seed-time and harvest of sexual life may be considered as lasting thirty years. The menopause occurs between the ages of forty-five and fifty. It is a slow process, as puberty is. It is characterized by the instability of the nervous centers. The sweat center is very unstable, in some cases varying in activity every few minutes. The heat center is disturbed, as is shown by the flashes of heat which the patient describes. The vasomotor center is probably the most unstable. To the unequal circulation are perhaps due the many and varied pains, the flushing and paling, the fears, the emotions, and feeling of impending dissolution. Either the abdominal or cerebral brain is unequally fed, owing to irritation of the vasomotor center.

The cause of the disturbance, I think, chiefly lies in atrophy of the hypogastric plexus. The thirty years of menstrual rhythm have established permanent periodic forces. Now, if these established forces can not travel in the old direction (over the hypogastric) they will travel over the other plexuses of the sympathetic to other viscera than the uterus. The sudden burden of the new forces imposed on the viscera is liable to derange their rhythm and thus enhance the irritation and instability of the nerve centers. Irregular nervous action is manifest. The hyperesthetic condition of the nervous system exalts all the reflexes. Digestion is disturbed. Emotions and established mental habits are more or less subject to disturbances.

When the period of sexual activity begins early it generally lasts late, until the woman is well in years, whereas a late advent augurs an early cessation. The menopause can be produced artificially by removing the uterine appendages, and especially by tying the uterine artery, as it courses along the sides of the uterus according to the method I have elsewhere introduced.

An artificial menopause is generally more stormy than a natural one; the pathological manifestations are more pronounced. One or two years may elapse after an operation or removal of the ovaries and oviducts before the menstrual functions altogether cease. The chief danger of menopause is from malignant disease—cancer—but endometritis is not rare. Women generally become stouter after cessation of menses. Visceral derangement is due to reflex action. The heart palpitates, the liver is disturbed, the skin becomes pigmented, and indigestion arises. In the genitals atrophy is the essential phenomen; the hypogastric plexus, the uterine artery, uterus, oviducts and ovaries, all present a shrinking appearance. Sometimes a woman at the advent of the menopause will be quite nervous for several months when she has no menstrual discharge, but will be at once quieted and made easy by a considerable flow.

The multiform symptoms in the menopause are more intelligible when one looks at the great changes which progressively occur in the genitals. The vulva flattens and shrinks by absorption of subcutaneous fat. The vagina contracts in every direction, its most apparent decrease being longitudinal. The whole uterus diminishes; sometimes the neck almost disappears. The oviducts shrink to thin cords. The ovaries shrivel and atrophy like a peach stone in the most marked manner of any part. I have been, sometimes, unable to find anything in autopsies but a simple remnant of the ovary, in a subject of sixty to seventy years of age—nothing but a piece of white connective tissue as large as a small bean in the contracted, shrunken, broad ligament. The mammary glands become shrunken and flabby. In some cases between sixty and seventy years of age, in autopsy I have found the uterine artery much atrophied and losing its spiral course, and the lower end of the ovarian artery almost obliterated.

But the essential anatomical point lies in the atrophy or partial obliteration of the hypogastric plexus. If one dissects the genitals of a woman between sixty and seventy years of age, he will find that only the larger strands of the hypogastric plexus are distinct; many of the smaller strands have become invisible

by shrinkage. The main atrophy of the hypogastric begins at the uterus, and it is most apparent where the plexus spreads out like a fan in the broad ligament. The atrophy is sometimes apparent as high as the bifurcation of the aorta. The wasting and partial obliteration of the hypogastric and ovarian plexuses of the nerves of the genitals constitute the chief phenomenon of the menopause. In the sudden impairment of the normal nerve apparatus of the genitals lies the cause of the violent disturbances in the regulating centers and visceral rhythm. The rapid senile atrophy of large nerve plexuses is sure to derange the nutrition and old established functions. The nerve forces which have traveled for thirty years over the hypogastric plexus are violently shut off and suddenly turned over to the other nerve plexuses.

The treatment of the menopause should be hygienic. The bowels should be regulated. As the track of the hypogastric plexus is damaged from atrophy and obliteration, the accumulated nerve force is reflected on to the viscera and cerebro-spinal centers; the result is that the heart may become rapid or irregular, the liver is disturbed in its rhythm and function, the alimentary tract suffers, the skin is disturbed, and pigmentations arises on the body. Morbid mental symptoms may arise. The superstitions among the laity that the moon has something to do with menstruation, that menstrual blood is poisonous, and that great numbers of women menstruate at the same time, it is unnecessary to notice as it is not true.

In dealing with diseases of menstruation and the menopause, one must not treat the disease, but the patient. The physician must be on the watch for masturbation as a causative factor, and must not overlook the neurotic effect of disappointment in love. Salt baths, simple, hot vaginal injections, and the regulation of the bowels by hygienic measures, may be all that is demanded. All complicating troubles must be sought for, as hemorrhoids, adhesions about the clitoris, anal and vulvar fissures, worms, itching around the genitals, and irritating discharges.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Lithemia and Its Complications.

BY FERD O. CLEMMER, B. S., M. D.,
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Want of knowledge and decrees of ignorance make the human body a slave to disease, while a perfect knowledge of the laws of health can remove an organic disease as readily as a functional disturbance. Hygienic drilling and drugging, adopted to cure disease, are powerless without a perfect knowledge of Nature's laws and resources. In Nature's domain are found the means for correcting abnormal conditions. The study given the subject of lithemia has been of wide range, and our literature recites many cases strongly suggesting errors in diagnosis, showing the tendency of clinicians of the widest experience and didactic training to be skeptical in regard to what has been variously termed uric-acid diathesis, lithemia, irregular gout, etc. The strong tendency in classifying as intrinsically organic affections shows conclusively simple poison rushing madly through the veins. The difficulty in these investigations of lithemia is peculiarly conflicting from whatever standpoint they are taken, for a vast amount of adverse evidence confronts him. The pathologist and physiological chemist, working in harmony on the same subject, secure for themselves widely different results. But it is generally ascertained that sufficient evidence has been brought forth to justify the conclusion that lithemia is the result of faulty nitrogen and metabolism—all of which must come from our knowledge gained from the analytical chemistry of the blood and of the excretions. The insurmountable difficulty in correcting these pathological disturbances is found, both in hospital and private practice, to be rebellious to ordinary treatment. The many cases presenting symptoms belonging to several different organs are certainly common in etiology. Withal, we find recent investigators in the pathology of lithemia, such as Haig and Garrod of England, Klemperer and Kolisch on the Continent, who have given us but little satisfaction on the subject. But all must agree on one conclusion,

that lithemia is not traceable, if any, to uric acid, for physiologically it is inert, and its injection or ingestion in the lower animals is not attended with toxic symptoms. The probable agents responsible for the symptoms of lithemia are the xanthin bases, and out of the group of alloxuric bodies this one is formed, while the hypoxanthin bodies and uric acid form the other two groups. The catabolism of the nucleins of the body are very likely responsible for the alloxuric bodies, yet we have authority conclusive as to the uric acid group, but not an established decision on the origin of the hypoxanthin and xanthin bases. The truth, however, is demonstrated that when a faulty nitrogen metabolism takes place—as is shown in lithemia—then a perfect formation and consequent excretion of the alloxuric bodies are increased. The necessary elimination of these bodies is carried on by means of all the emunctories, but principally by the kidneys; hence, we find the urine containing an excess of these bodies in lithemia. Gout, being so closely allied to lithemia in certain forms, has shown the xanthin bases to be increased and the uric acid diminished. After certain lithemic paroxysms, we find an excess of the two alkaloids, hetroxanthin and paraxanthin, which are causative factors of the lithemic symptoms. Attacks very similar to lithemia have been induced by injecting hetroxanthin and paraxanthin. The etiologic factors of the other xanthin bases, as well as certain leucomains found in some forms of lithemia, is of undoubted origin; and yet these lithemic paroxsyms are seemingly not caused by these two bodies alone. But we traced the toxic symptoms of lithemia to the circulation of xanthin bases in the blood, while the muscle ache and tire so frequently found in lithemics are very probably due to the mechanical irritation of the uric acid salts upon the peripheral nerve centers. The clinical records show this trouble to exist principally among the poorer classes. The diverse character of these symptoms are traceable to many organs and tissues, while at one time the suffering may be in one organ, and at another time a severe paroxysm may be manifest in some other distant organ. A typical attack of biliousness may develop, when at another time a nerve storm will be followed by violent migraine. The general tendency of the average practitioner is to diagnose these separate attacks as being diseases *per se*, while the student and investigator will not let his observations and clinical experience classify these many cases as chronic rheumatism, gastric catarrh, migraine, neurasthenia, anemia, and the many forms of headache in which the true etiological factor, a lithemic habit, has not been suspected. The development of a lithemic paroxysm can easily be precipitated by a generous indulgence in nitrogenous foods. These patients are generally ill-nourished, poor and weak bodies, sallow complexion, and bordering on abject wretchedness. Nervous tremors and sympathetic palpitation of heart, epigastric pain always present with empty stomach, and the patient suffers great mental depression with persistent insomnia. Neuralgic headaches and dysmenorrhea are of common occurrence. The clinical picture of neurasthenia is common to these toxic blood dyscrasias; and it should not be confounded with the oxaluria, which, too, is neurasthenic. These oxalurics have nervous dyspepsia, hypochondria, loss of muscular power and emaciation. Any specific treatment with urine examination soon establishes a differential diagnosis, for the high color, strong acidity, and excess of urates found in lithemic urine is strikingly different in the oxaluric case. It is but comparatively recent that pathological inquiry has determined the origin of many, if not most, of the cases of migraine; yet lithemic migraine is not specially different from that due to other causes. A uric acid headache becomes nervous. Imperfect metabolism, failure in renal elimination, and diminished alkalinity have a conservative affinity for the precipitation of uric acid and the urates into the softer tissues of the body, such as the liver and spleen, and when this injection takes place in the fibrous tissue of the joints we have true gout. The importance of watching the metabolism of these bases is especially interesting when the synthetic bodies are traceable in a physiological function. New phenomena are devel-

oped in the range of circulation that has brought forth speculative analysis which has established conclusions not easily shaken. The ingestion of these elements in the circulation has produced morbid phenomena sufficient to alarm the investigator; and these micro-organisms are carried on out through the kidneys to the bladder, where the bases are rapidly changed into their native salts. This organ becomes the pest house for all infections arising out of faulty function, and the presence of inflammatory disease, with the usual toxic irritation of specific medication, brings about a morbid tension that affects both the mental and physical man alike. The bladder becoming the neglected consideration—so often seen in lithiasis—is truly lamentable, and frequently a calculus is struggling for freedom in the ureter or urethra, making the anti-lithic treatment a warrantable procedure. Clinical impressions give evidence of rapid degeneration of the secretory organs in lithemia, and the vascular engorgement and plethora are due to the excesses of uric acid crystals, thereby impairing the eliminating function. The constant demands on the kidneys develops a vasomotor paralysis, which leaves a superabundance of the urates in the system not to be dissolved nor eliminated, and, at the same time, there becomes a storage condition of the excesses of uric acid, making it a case of autointoxication of these poisons which the blood is unable to throw off. Unfortunately, these cases are abundant and not easily cured; the waste and decay pathologically demand intervention, and generally, when the organic functions are impaired and the system depleted of a vigorous vitality, they come for help. It is not strange to find the bladder suffering the greatest torture. This genito-urinary distress commands our attention, and is not directly traceable to the lithemic habit. The field of therapy in such cases has wide range, and our selection of the remedy is certainly not empirical, yet the fertile resources of the pharmaceutical world almost tempt the gods. But when the bridges have been tried and found safe, I "hold fast to that which is good," and my experience has demonstrated the specific action of a special treatment for these troubles, that has not yet failed me in any of the trying ordeals for which it was prescribed. The remedy has, in its combination, proven virtues that are tried and true, the domestic history of which is very old and fully rewarded by the natives of Southern United States, Mexico and India, where they are indigenous. The happy blending of the true santal and saw palmetto is called Sanmetto, which is sold only by a physician's prescription. This remedy, in any of these genito-urinary irritations and inflammatory disturbances, hardly has an equal for quick action in relieving these troubles; the prompt response in vesical tenesmus from alkaline urine and excessive uric acid precipitation or inflamed urethral surfaces, can certainly please the most scrupulous. The influence of Sanmetto in all kinds of congestion and catarrhal engorgement of the bladder can not be surpassed. A wide observation in prostatic enlargement has convinced me of Sanmetto being almost an absolute specific in restoring normal conditions, and where any retention exists this remedy very speedily corrects it. One great effect that this Sanmetto will do in atrophy of the large glands is most wonderful where there is loss of tone and shrinkage of the female breast, as well as the same condition in the male—the testicle showing the effect. By taking Sanmetto very peristently for these maladies and shrinking of the large glands, the results are wondrous and pleasing. The female breast actually increases in size and calibre under this remedy, and the shrunken testicle is restored to its normal condition. As a general sexual tonic, I have recommended it for old men who are annoyed with impotence, principally due to vesical catarrh, with pleasing results. But the greatest good result coming from Sanmetto in elderly people is shown in large and irritable prostates.

Dysmennorrhea.

Dr. T. J. Ratliff, Glory, Texas, says: Iodia gives me so much satisfaction in the treatment of dysmenorrhea that I use it in preference to any other remedy.

[Written for the MEDICAL BRIEF.]

Infringement of the Rights of Others by State Legislation. The First Great Battle Recorded in the History of the Supreme Court of the United States, for the Rights of Citizens and States, Under the Constitution.

BY R. C. BAYLY, A. M., M. D.,
Decatur, Ill.

[Paper 7.]

When the Constitution was adopted the principal settlements were on the Atlantic coast. Each colony had its own charter granted by the king of England. As charters were abandoned and constitutions adopted, each State claimed what has since been called "State Sovereignty," which was over its highways, bridges and rivers, and all means of communication within its limits.

There was as little similarity in the rules which governed legislation as there was in soil and people of the different States. As the States settled into active efforts to build up republican independence, communication became essential, and the close proximity of all business matters between citizens, in adjoining States, made it absolutely necessary that the rights and privileges of all the people in the different States be the same. And when State Legislatures, under the false theory of State Sovereignty made conflicting laws—an appeal was made to the Supreme Court, provided by the Constitution of the United States, to settle violations of the rights of citizens, and also the rights of the States as well. And I will devote this paper to a legal and philosophical elucidation of the great principle of civil liberty and personal freedom, as it has been secured to us by the fathers in the Federal Constitution, and illustrated in the decisions of the Supreme Court.

Attempts to monopolize and infringe the rights of others, brought about one of the greatest legal conflicts between the States and National Government in all the history of American Juridical procedure, on both sides of the question of paramount authority in defense of the rights of man in dual governments. The usurpation of the rights of the people by individual or monopolistic legislation, as the Medical Practice Acts, is illustrated in disputes of certain persons, claiming exclusive rights to navigate the waters within the limits of the State of New York. When it was proposed to navigate the seas and our great rivers by steam, in about 1774 to 1786, James Ramsey and John Fitch, experimented with a craft on the Delaware, and in 1794 Mr. Fitch resumed his efforts in New York, using a screw as a propelling power. Feeling himself secure of success, he applied to the Legislature of New York for the exclusive use of the waters of New York for steam-propelled vessels, boats, tugs, etc. By a law passed in 1787 the monopoly was granted to him. About this time, our Minister to France, Robert R. Livingstone, became acquainted with Robert Fulton at Paris, while he was seeking to introduce his projectiles and steamboats to the French, they were mutually attracted to each other. Livingstone, who had been for years interested in the movement to introduce steam, on receiving from Fulton a full explanation of his plans, offered to advance what funds might be required to fully experiment and put in operation his steamboat. On returning to New York they lost no time in securing legislative action in their favor, abrogating the grant to Fitch for non-user, and granting to Livingstone and Fulton the exclusive privilege of navigating the waters of the State by steam. This privilege was from time to time extended to 1808, when steam was beginning to assume importance as a great national motor. It then so extended as to create an absolute monopoly to Livingstone and Fulton, by adding five years for each steamer they should build to the time of their exclusive rights. The Claremont, built in 1807, was the first really tangible success, making the first regular trips between New York and Albany. Col. John Stevens, an enterprising man of genius, had given much thought, labor and experiment to the subject of steam navigation. Simultaneous with the appearance of the Claremont, Stevens brought out the Phenix, a side-wheeled steamer with feather-paddled wheels. It was

excluded from the Hudson by reason of the exclusive privileges granted to Livingstone and Fulton. It was therefore taken to sea from New York around to the Delaware river. It was the first steamboat that ever sailed on the ocean.

Livingstone and Fulton had no sooner secured their exclusive privileges and commenced the development of the endless powers of steam than competitors were alive to its wonderful possibilities. But this monopoly was too broad to last, and like all the monopolies of to-day, it was death to public enterprise, and that would not die. New Jersey ignored the exclusive rights of Livingstone and Fulton to control the waters of the ocean or of the rivers which bore the wealth of nations and peoples to New York. Her steamers went on their way into the city in defiance of the monopoly. Her Legislature passed retaliatory laws as severe in penalties as the privileges granted to Livingstone and Fulton were extensive and monopolistic. Every day saw the monopoly grow more and more oppressive. Every day steamers cut through the waters in utter denial of the right to shut them up to privilege. The battle was sharp and determined. Steam was distancing all other means of movement. The monopoly was worth untold millions. Livingstone and Fulton commanded the people and their fortunes, just as the great corporations and trusts do to-day.

During this struggle Livingstone and Fulton assigned to Ogden the right to navigate the waters between Elizabeth, New Jersey and New York. Mr. Gibbons started the running of two steamers on that line in opposition to the exclusive privileges secured by the statute of New York to Livingstone and Fulton. Ogden their assignee, applied to the chancellor of New York for an injunction restraining Gibbons from interfering with his exclusive privilege. The injunction was granted after the most exhaustive arguments. A case of similar import had been brought by Livingstone and Fulton against Van Engen and twenty others, who had interfered with their rights in daring to navigate the waters of New York. The complainants founded their right on the power of the State of New York to control the navigation of the waters within its conceded limits—as possessing sovereign power over them. They therefore claimed that they had, for a valuable consideration, acquired vested rights, by contract, which no one could disregard without subjecting themselves to the penalties imposed by the statute conferring on them the monopoly. As the Legislature had confered the right, and as the executive of the State had given to their action the sanction of law, they appealed to the chancellor for protection. The State law had been violated. Its authority had been defied. The defendants, in opposing the application for injunction insisted:

First—That the grant was opposed to the Constitution of the United States.

Second—That as the statute conferring the right had given a remedy for its violation, the Court of Chancery had no jurisdiction. Hoffman, Colden and Riggs, for the complainants based their application on the right of the State to grant exclusive privileges; that the prerogative power of the State to grant exclusive privileges for canals, toll bridges, turnpikes, and public markets had been recognized and acted upon from the origin of the colonies and State Governments. The defense was sustained by Wells, Henry and others, who further insisted that the grant was in derogation of the power of the General Government to grant patents, and because it was a direct and palpable interference with the power of Congress to regulate commerce between the States. The chancellor in this case refused to grant an injunction. An appeal was then taken to the Court of Errors of New York. The court upheld the right of the State, sustaining State authority. But finally, the case first started, that of Ogden *vs.* Gibbons, went to the Supreme Court of the United States. It was there argued by Daniel Webster and William Wirt, then Attorney-General of the United States, in opposition to the right of the State to obstruct or in any way control the commerce and navigation of the waters through which interstate commerce was carried on. The great questions discussed were: *First*—Was the law granting the exclusive

right of navigation of the waters of New York, such as the State had a right to enact? *Second*—Was the privilege granted in conflict with the rights secured to the people of the United States by the Constitution? Mr. Webster claimed that the law granting exclusive right to the waters of New York was in conflict with the rights of the people; that navigation was a question of interstate commerce; that the power of Congress to regulate commerce was paramount; that it overruled any interfering State laws; and that these acts of the States did interfere with acts of Congress enacted under its clear constitutional authority. Here the question found a most profound and comprehensive elucidation; the argument and decision of the Supreme Court, Chief Justice Marshall, presiding, gave to the subject the full range its magnitude demanded. The decision killed the monopoly. It opened the waters and highways of the nation to all citizens, subject only to the control and regulation of Congress. It broke down all State laws to free intercourse between the people of the different States. It annihilated the power of any State to hedge in its means of intercourse by corporate grants or exclusive privileges, so as to prevent perfect freedom between the States and all the people of the States.

Reason was stronger than monopoly. State Sovereignty is therefore a fraud. Constitutional Sovereignty is the only sovereignty the nation and people are called upon to submit to in all that regards commerce and business matters, whether between the people or the members of the medical profession wherever domiciled under the flag. The decision killed the whole scheme of piratical monopolies in subjugating our highways of travel and transportation to the advance of privileged plunderers. It was the grandest and broadest exposition of judicial power and national duty ever embodied in any one decision.

The Constitution is thus made the bulwark of the people against monopolistic infringement of their rights. It is their shield. It was enacted to secure the enjoyment of their rights. It was made to suppress and put down all monopoly touching commerce and intercourse supported by State authority or pampered into growth by the infamy of corporate greed and power.

This decision of the Supreme Court which is the creature of the National Constitution, terminated the first great monopoly which sought to make our navigable waters the appendage of privilege and cost, and to force the people in all their transportation and intercourse into subjection to legislative favorites, bribed franchises, and dictatorial masters, not only ended the scheme, but it laid broad and deep the rules by which the people have it in their power to subjugate and control, and if necessary annihilate the corporate exercise of power by which railroad kings have usurped the highways of the nation from ocean to ocean, and made slaves of the millions of American producers who are compelled to starve, or pay tribute to their arrogance and submit to their overgrown and unjust power.

To conclude this paper, what I here write applies with equal force and effect to the acts regulating the practice of medicine—to all similar legislation of the States. The makers of all such laws assume the false political doctrine of State Sovereignty, which was the father of secession in the Southern States before the late civil war; a thing, the most illogical and diabolical in the American dual form of civil government, that more than once has threatened the destruction of all free institutions in the western world.

I am for the rights of the States, but I declare that no State shall by legislation disturb or destroy the rights and privileges of its citizens or the rights of other States in the Union.

I am for and shall to the fullest extent of my power as a citizen, maintain the Union, the Constitution and the laws.

In my next and last paper, I shall close this series with remarks, entitled: *Trust Masters and Slaves*, in which, by legislation, personal rights are infringed, and the great body of the American people are, under forms of law, made the slaves of a filthy aristocracy.

[Written for the MEDICAL BRIEF.]

Socialistic Medical Legislation.

BY J. W. LOCKHART, M. D.,
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Socialism is a system of political economy, based on absurdity, supported by fiction and refuted by the experience of mankind. It is a fantastic dream of an Utopian social condition in which self-abnegation will produce an equality of wealth, a government in which the State, that is, a majority, shall have absolute dictatorial power over the acts and lives of the individual; in which the State is everything and the individual nothing, having no right of choice in the use of his God-given faculties; a social condition in which a supposed infallible majority shall say to the individual, come, and he cometh, and to another, go, and he goeth; and to another do this or that, and he doeth it, as unquestioningly as the ox follows the motion of the driver's lash. And, as we have before shown, the principles of socialism are diametrically opposed to the vital principles of our government as enunciated in the Declaration of Independence and the Federal Constitution.

Every law that has its chief characteristics in harmony with the principles of socialism is fairly classed as socialistic. Class legislation, such as medical and pharmacy laws, etc., is at least a part of a system of political economy; they are based on absurdities, supported by fictitious reasoning, and their utility has been refuted by the experience of mankind. They are the beginning of the fulfilment of a Utopian dream of a social condition in which the medical profession, by reason of its superior knowledge and skill, shall have police surveillance over the lives and health of all American citizens; a condition in which the self-abnegation of the free-born citizen will make the professional purse swell to the uttermost; in which there will be no purse-poor doctors struggling for existence and no doubtful accounts or overdue bills to "puzzle the will" or interfere with scientific cerebrations—"A consummation devoutly to be wished" by the medico-political lobbyists who would sell their birth-rights for a mess of pottage. That these laws are based on absurdity is obvious to all who have given the subject a moment's serious consideration. They are based on the assumption that education, honesty, morality and professional acumen are synonymous terms, or the more absurd assumption that education alone is sufficient guarantee that a physician will not be a quack or charlatan. That a technical examination alone, be it ever so rigid, is a very inadequate test of a person's fitness to practice medicine is too obvious to require argument.

Every physician should have a fair education, a good "moral backbone," and a large degree of professional acumen; without which he is dangerous to the community and a disgrace to the profession. The profession should demand a moral standard for its members commensurate with its educational standard. There is no other way to prevent quackery. Last winter the writer endeavored to have a bill introduced into the Legislature of this State that would prohibit alcohol, morphine, and cocaine fiends from practicing medicine. The effort received no encouragement or sympathy from our erudite and patriotic statesmen; but a bill, introduced by the representative of the State Medical Society, that would have done full justice to Torquemada in the institution of "inquisitional methods" to punish unlicensed, though successful physicians, passed to the second reading. To the credit of the Legislature, however, it never got any further.

The fiction consists in the argument most frequently adduced in favor of medical laws that in some occult manner a technical examination and a license issued by a State Examining Board protects the public from quackery and charlatanism, and that the people are too ignorant and putty-brained to take care of themselves in the matter of choosing their own physicians. The fiction is so glaring, and the truth so apparent, that argument seems superfluous. Every careful observer knows that one educated, licensed quack, parading the authority of the State and wearing the professional cloth "to serve the devil

in," is more dangerous to the community than a hundred ignorant pretenders. For proof, see the statistics of the tuberculine, ovariotomy, appendicitis and serum-therapy fads, one and all saturated with the essence of charlatanry. While the fountain is corrupt no amount of legislation can purify the stream. The man who calls every case of sore throat diphtheria, because he can get a large fee for injecting antitoxin and immunizing a family, is a more dangerous quack than the man who does not know the difference between odontalgia and cephalalgia, or lumbago and cerebro-spinal-meningitis, but is honest enough to say so.

The economic fiction that a majority, because of its superior wisdom, should have dictatorial power over the minority, and especially over the individual, in all things that pertain to life, health and the "pursuit of happiness," and especially that the medical profession should have absolute control of all things pertaining to the public health, is consonant with the religious fiction that the priest, because commissioned by the self-styled vicegerent of Christ, should have absolute control of the religious welfare of the community. There is no argument that will support the one proposition that will not equally support the other. The fiction that the people are not capable of choosing their own medical advisers, and therefore the State should appoint self-constituted guardians to restrict and limit their choice to a select few, is corollary to the socialistic proposition that the majority, which really means the few which the majority would place in power, should, by appropriate legislation, regulate the mode of life and business avocations of all citizens. The materialization of the idea would necessitate a system of police espionage that would be intolerable except to a people well inured to slavery.

That these economic absurdities and fictions have been refuted by the experience of mankind is patent to every student of history. They were refuted by Martin Luther and the establishment of the Protestant Reformation proclaiming religious liberty to all the world. They were refuted in the religious wars and persecutions which followed the establishment of the Reformation in which the cause of individual liberty of conscience was baptized in the blood of millions of human beings sacrificed on the altars of despotism. They were refuted at Runnymede when the Magna Charta was forced from King James the II., and the "divine right of kings" proclaimed to be an economic fiction no longer to be tolerated. They were refuted at Independence Hall when the Liberty Bell pealed forth the joyous proclamation of political, religious and social freedom; when the Declaration of Independence proclaimed the "inalienable rights of man" and when the Fourteenth Amendment was incorporated into the organic law of this country. These are imperishable monuments to individualism, to individual right of choice and action in selecting and accepting natural opportunities, along the rough and rugged road of civilization.

The medical monopoly, like all other monopolies, is socialistic, with its members, in the matter of preventing competition and maintaining large fee bills, and despotic in regard to all other matters pertaining to the public health. Through the so-called boards of health it has secured absolute control of smallpox patients, and the vaccination business. It demands an unlimited legal right to dictatorial authority in every case of infectious or contagious disease, and the power to say who shall or who shall not enter the bonds of matrimony. Last year a bill was introduced in the Legislature of South Dakota providing that no person be granted a license to marry who could not produce a certificate of "physical soundness" signed by a reputable physician. In other State Legislatures the demand has been made, by health boards, for power to confine and treat (experiment with) all consumptives in isolation hospitals. The demand is supported by the fictitious plea that consumption is an infectious disease. An assumption based entirely on theory without a single fact for its support. Some of these monopolists advocated the idea that physicians should be given the legal right to "put incurables to death." The question, whether the afflicted and their friends have any rights which medical

monopoly is bound to respect, will one day force itself on the American people. It has already attracted the attention of many able and earnest thinkers, and unless a reaction is soon apparent the power of the United States Supreme Court will be invoked to stay the hand of usurpation and tyranny.

When all the giant monopolies unite to form a universal trust, and President of the universal trust and President of the United States become synonymous terms; when the government, with its civil service and secret service systems, boards of health and examining boards for every avocation in life, entwine itself with every fiber of the warp and woof of the social fabric, we will have the *ultima thule* of socialism. The socialists' dreams of an equal distribution of wealth may not be realized, but it will be practical socialism. "From each according to his ability; to each according to his needs" and the poor certainly would not get much more than they do now—a bare subsistence.

[Written for the MEDICAL BRIEF.]

Echinacea in Ptomainemia.

BY A. B. WOODWARD, M. D.,
Tunkhannock, Pa.

Mrs. C. was called to assist in laying out a woman who had just died, and who in the last hour of life had a profuse discharge from the vagina of a yellowish color. Supposed to be from a cyst in the uterus, an enlargement in the location of the womb having existed for sometime.

The lady who had been summoned for assistance had a blister on the third finger, near the palm of the hand, which had just opened. In handling the woman, some of the discharge from the dead woman's body spoken of got into the open blister, which for the time caused considerable smarting sensation, but which, after bathing thoroughly, was thought nothing more of until two or three days after, when the finger and hand commenced paining her severely and swell. The pain and swelling increased until it reached the axillary glands; the streaks of inflammation from the finger upwards to the armpit being of a dark red or purplish hue, similar to incipient gangrene.

This was the condition when I first saw it, the pain being very severe and arm badly swollen. It was evident from the history of the case that absorption had taken place from the discharged fluid from the dead body that she had handled but two or three days previous, and the case was becoming very critical.

Without further loss of time I had the hand soaking in warm water, adding sulphite of soda sufficient to make the water quite slippery, while a supply of clay from the brick yard was being obtained. The anxiety of countenance, which was probably produced by the pain and fear of the result, was very peculiar.

As soon as the clay could be obtained, I at once made a soft plaster by incorporating into the clay fluid extract of echinacea ang., and warm water, which I applied from the ends of the fingers to the shoulder, and changed as often as they became the least dry. At the same time gave internally, every hour, fifteen drops of echinacea in water all the patient desired.

In half an hour after the first clay plaster was applied the pain began to grow less, and continued to become less at every change of the poultices, with the exception that every afternoon for three days there would be an increase of swelling and slight pains, which would streak from the finger which absorbed the poison to the axillary glands, but which disappeared entirely after the ninth day from the time the finger first commenced to swell or pain.

After the second day the internal use of the echinacea was only administered every three hours, and the dose lessened to ten and finally reduced to five drops, and the bowels kept soluble with liver pills. This case was truly alarming, and the echinacea showed decidedly its power in septicemia, or ptomainemia poison. It is true that I have had good results from clay in similar cases, but never in such a formidable case did I ever witness such surprising and quick results as in this, and must give the echinacea due credit.

[The combination of echinacea and thuja, called "Ecthol," is superior in results to echinacea alone.—ED.]

[Written for the MEDICAL BRIEF.]

The Electric Destruction and Sterilization Method in the Treatment of Cancer.

BY G. BETTON MASSEY, M. D.,
Gynecologist Howard Hosp.; Late Pres. Am. Electro-Therapeutic Assn.; Mem. Am. Neurological Assn.; Phila. Obstet. Soc., Etc.; Author "Electricity in the Diseases of Women," Etc., Philadelphia, Pa.

The writer feels that if he can arouse greater interest among the many readers of the BRIEF in the early treatment of malignant growths, and call their attention to a most effective and non-repulsive mode of treatment of cases in which the growths are still local, he may be of service to many physicians whose patients now drift into the hands of uneducated persons by reason of their dread of the knife.

The affections grouped under the name of "cancer," carcinoma and sarcoma, are just now receiving increased attention, both on account of the reported discoveries of the germs which bear a causative relation to them, and because of the unquestioned fact that they are rapidly increasing in frequency throughout the civilized world. The writer only recently made a tabulation of the recorded deaths from cancer in several of the largest American cities, in a series of years, taking the records of the Boards of Health of each city as far back as they went. The results were published in the February number of the *American Journal of the Medical Sciences*, and the combined tables of these cities showed that the death rate from cancer had increased from thirty-five deaths per one hundred thousand living population in 1870, to sixty-five deaths per one hundred thousand living population in 1898. This rate of increase, if maintained, will reach eighty deaths from cancer per one hundred thousand living population in 1910. The deduction was also drawn from these figures that about fifty thousand persons died from cancer in the United States in 1898, and that at the present moment there are at least one hundred thousand cases of these affections in this country.

It is evident that the time has arrived when medical men must face this question with some vigor, endeavoring to get new light on its three important aspects: its true etiology, its prevention, and its cure. The attitude of most physicians, as recently expressed by an eminent English surgeon, that the only authoritative remedy is the knife, and that the knife is of no truly curative value, might be of real service in stimulating research if the placid contentment, due to the "authoritative" nature of the remedy advised, did not too often terminate the adviser's interest in a most unwelcome patient.

When we know, as we do, that a malignant growth is invariably a purely local infection at its inception, and capable in this stage of complete eradication by proper means, we should give extremely active attention to these cases. One of the chief merits of the cataphoric sterilization method, of which the author is the discoverer, is that an early growth may be completely eradicated from an organ, as for instance, the breast, without destruction of the uncontaminated portions of the organ. A still more important feature is the production of a zone of sterilization beyond the actual limits of the destroyed growth, devitalizing the latent cells in outlying proliferating colonies which so often cause recurrence after knife and caustic operations.

The method has been fully detailed in several papers published elsewhere,* and a perusal of these papers will enable any one to carry it out; but it may be briefly described as follows: A hollow gold electrode is amalgamated with metallic mercury, inserted into the tumor, and an excess of mercury is injected through it into the tumor. The instrument is then made the positive pole of an electric current strong enough to electrolyze the mercury into a soluble oxychloride, and diffuse it by cataphoresis throughout the tumor, producing full necrosis of all tissues to a controllable distance, beyond which *area of necrosis* a lessening amount of the diffused microbecide produces a *zone of sterilization*. The

**Medical Record*, July 31, 1897, and April 7, 1900; *Philadelphia Medical Journal*, March 19, 1898; *New York Medical Journal*, December 24, 1898, and *Journal of the American Medical Association*, September 9, 1899.

result is to turn all apparent portions of the growth into a sterile slough, corresponding to the area of necrosis, which comes away in about two weeks. Beyond this inodorous and painless slough a zone of sterilization is produced, within which the cancer germs are killed and the normal tissue stimulated. The method thus removes the apparent portions of the cancer *en masse*, and so sterilizes the surrounding region as to prevent a recurrence of the disease by proliferation of the outlying colonies and prolongations.

All this is accomplished at one application, under general anesthesia, various growths requiring a current strength varying from two hundred to eight hundred milliamperes, lasting from a half hour to hours.

Out of a large number of mostly desperate cases, the writer has succeeded in curing ten cases, with various forms of carcinoma and sarcoma, the failures being mainly in cases that were undertaken after the development of internal metastatic growths.

This method should be investigated by general practitioners particularly, for by a modification of it they will be enabled to destroy many small incipient cancerous growths, in accessible situations, in a mere office application; the only essentials being any form of galvanic battery, a piece of thin zinc, such as is used beneath stoves, and a little metallic mercury. A sliver of zinc is cut off with a pair of scissors, bringing it to a needle point at one end, and fastening to the other end a piece of fine copper wire by winding the wire about the end and clamping. When the sharp point is dipped into an acid and then into quicksilver, the instrument forms a perfect electrode for the use of this method in small, suspicious tumors of the skin surface, the zinc taking the place of the gold as a fixative for the mercury, and actually adding to the local destructive effect, for an oxychloride of zinc is diffused from it as well as the oxychloride of mercury. This electrode should, of course, be attached to the positive pole of the battery, and a few drops of cocaine solution at the point of its insertion will greatly lessen the pain of the application. By this simple method, employing ten or fifteen milliamperes for a quarter of an hour or longer, a cancerous nodule the size of a pea or small bean, situated on or within the skin, may be thoroughly eradicated. If the growth is larger than this, or be situated in one of the accessible cavities of the body, the major method, with the gold electrode and anesthesia, will be demanded; for it should be remembered that *we should never touch a cancer unless prepared to overwhelm it at once.*

Early recognition and prompt eradication are the only remedies we yet possess against the very evident increase of this horrible disease.

[Written for the MEDICAL BRIEF.]

Stomatitis Materna.

BY GEORGE LITTLE, M. D.,
Crawford, Ga.

I report to you a case of sore mouth of a nursing woman (stomatitis materna) which I treated with sulphate atropia with signal success. The mother was apparently in perfect health, her little infant was two months old when she was seized with a severe chill, the reaction was high and prolonged, tongue, mouth and fauces felt as though they were scalded, the saliva was very profuse, hot and scalding in its sensation. Aphtha soon appeared on the gums and tongue. It was obvious that I had to deal with a violent case of nursing sore mouth. All literature, with its treatment, was rather unsatisfactory—so had been recent results in this neighborhood.

I thought of antagonizing the physiological effects or symptoms of the disease, and at once thought of belladonna as my agent. I gave one-sixtieth grain sulphate atropia every four or six hours. The result was almost magical. The first dose gave great relief, and the second stopped the excessive and annoying flow of saliva, which relieved my patient of the intolerable burning sensation, as though the mouth had been scalded. My local application was ten grains nitrate of silver to one ounce water, applied extensively with a camel's hair pencil. I give my experience for what it is worth. I hope others will try atropia and report results. I have never seen the agent recommended.

[Written for the MEDICAL BRIEF.]

Shall the Specialist Divide the Fee With the General Practitioner?*

BY EMORY LANPHEAR, M. D., PH. D., LL.D.,
Formerly Professor of Surgery in the Kansas City Medical College, and in the St. Louis College of Physicians and Surgeons; Gynecologist to St. Joseph's Sanitarium.
St. Louis, Mo.

When an attorney in a county seat has a client in danger of the penitentiary, and hence in need of the very best counsel, it is customary for him to seek some eminent lawyer of a great city, and request his aid. In so doing, does he approach the distinguished gentleman and say: "I have a client accused of ——, who is able to pay three thousand dollars for his acquittal. Will you take the case with me for this sum, leaving me the gratification of having done my professional duty?" By no means! He plainly states: "My patron has three thousand dollars to spend for his defense; are you willing to take two thousand dollars of this to join me in securing justice for him?"

Arrangements of this kind are made daily in every large city. Does any one ever suggest that the country attorney has been guilty of a dishonorable act in thus securing his city brother to do the major part of the work for two thousand dollars, he retaining one thousand dollars for his services? Would a doctor, sued for one hundred thousand dollars, regard such a transaction as disgraceful, unethical, objectionable, if thereby he were saved this sum?

But let the question be one of saving life instead of securing liberty, or preventing a financial loss, and how different it is!

If a country practitioner have a patient affected with recurrent appendicitis (upon whom he might operate with success, but fears possible failure), with a prospective fee of six hundred dollars, must he—in order to be "ethical"—write to some city surgeon to come to his help, take all of the six hundred dollars, and leave him merely the satisfaction of a duty well performed, or, at best, the little sum he may receive for a few visits at starvation rates? "Upon what meat doth this our Cesar feed that he hath grown so great?"

Why should not the country doctor plainly say to the specialist: "I have a patient with appendicitis, who is able to pay six hundred dollars. Will you operate for four hundred dollars, and allow me two hundred dollars for the preparation, after-treatment, etc.?" What would be wrong about this? Let Drs. Robt. T. Morris, of New York, and Burnside Foster, of St. Paul, who so vigorously maintain that division of the fee is unethical under any and all circumstances, point out what injustice would thereby be done to (*a*) the patient, (*b*) the attending physician, or (*c*) the eminent surgeon. Why should we not learn a few things from the methods of our most noted lawyers, men who are above suspicion as to purity of motives? Have we not hitherto been too unmindful of the financial interests of ourselves and our professional brothers?

I insist that the payment of a "commission" for all business simply "referred" to a specialist, or for mere consultations, is probably unethical—certainly demoralizing in tendency; but that division of the fee is perfectly honorable and right when the specialist and the general practitioner jointly share the work and the responsibility.

*Extract from a paper read before the Missouri State Medical Society, May, 1900.

Uterine Restorative.

Dr. David Longenecker, Emporia, Kan., says: Aletris Cordial restores normal action to the uterus and imparts vigor to the entire uterine system. That it is a special tonic to the reproductive organs is a question beyond a doubt. It is a restorative because it invigorates the appetite, promotes digestion and assimilation, and thus improves the quality of the blood and builds up the general health.

Annoying Pains.

Dr. C. C. Paxon, Bolton, Kan., has no trouble relieving after-pains and the tenesmus of dysentery and diarrhea with Papine.

[Written for the MEDICAL BRIEF.]

In Sanmetto it May be Claimed that a New Era Has Dawned Upon the Horizon of Genito-Urinary Therapeutics.

BY J. L. CILLEY, M. D.,

A. M., Harvard; Graduate Ohio Medical College, 1866; Late Professor Anatomy, Ohio Medical College.

Sanmetto is regarded as a positive addition to the armamentarium of the physician and surgeon, in the treatment of genito-urinary affections. It is one of the few articles of the *materia medica* which is possessed of undoubted virtues. The fruit of the serenoa serrulata is one of its ingredients. It is through this, in its happy blending, that a three-fold effect is secured to the genito-urinary apparatus, when it is involved wholly or in part, merely in an irritable state, or in the more serious condition of actual inflammation, acute or chronic. It promotes the nutrition of the several anatomical elements which enter into its structure, imparting tone to them, and exerting a sedative influence upon them, when they are disturbed, either in function or structural composition.

There is no part of man's framework which is of more moment to his personal welfare, or at times to his very existence, than his genito-urinary apparatus. There is, perhaps, no part which is of more practical interest to the general practitioner or surgeon. Life is made miserable, because of its various pathological conditions during early childhood, in more ways than one. This is especially so in enuresis nocturna. It is almost unendurable for the adult, because of several departures from the normal, which occur not infrequently at this time of life; and life is made quite impossible for the aged, of whom a large percentage are afflicted, where fifty-five years and more have been reached. They predispose, not infrequently, and are not seldom the existing cause of a fatal termination in him who is sixty years and upwards.

Demands for immediate relief are quite imperative, in all departures from the normal condition or the genito-urinary apparatus, in either sex. It matters not what the patient's age may be. The danger to man from genito-urinary affections is very great. Their list is appallingly long. They have been difficult to handle, on account of a marked resistance to treatment, so that a great need has existed for the addition of other remedies to the physician's armamentarium.

All affections of the genito-urinary apparatus are of grave import to the afflicted. Not one of them can be ignored with impunity. The simplest call for prompt attention. The patient's comfort is seriously compromised at all times, while, not infrequently, his very existence is forfeited.

Genito-urinary diseases may be likened unto dangerous shoals, driven upon which many a craft has been hurried on to its destruction and dashed to pieces, scattering wreckage both far and near. The gloom through which the craft sails is too deep for the outlook at the masthead. His eye fails to pierce it, but his ear catching the ominous sounds of shallow waters, he sounds the warning cry of "breakers ahead," giving evidence of hidden and fatal dangers to be encountered by proceeding further.

The gloom of cystitis—acute or chronic—either in the little one, or in him of advanced years, due, it matters not to any one of its many causes, has been most difficult to pierce, in former years. It was wont to be more than a passing storm, but to-day, it is not so momentous an affair. Its clouds are readily dispelled by the almost magic powers of Sanmetto, in the hands of many practitioners, so that smooth sailing in deep waters is vouchsafed to every craft.

What may be said of the prostate gland, more especially when in the hypertrophied state? This, with its many symptoms, may be likened to the hydra—the fabulous monster, with many heads—which was slain by Hercules. The idea which has been held so long, that the prostate gland may be regarded as a rock like unto Gibraltar, because of its resistant multiform pathological presentations, can not be gainsaid. That it has been well-nigh impregnable, no one will deny; but Sanmetto, in the hands of the intelligent physician, not

only can, but does make an impression upon the gland, either enlarged or inflamed. This so-termed rock may be rent in twain, through the agency of Sanmetto and the surgeon, with his knives whetted for its invasion, may be relegated to the rear.

Pre-senility—impotency—what forebodings and misgivings does the sound of these words evoke for him who feels that he is under their ban! Sanmetto, the great vitalizer, with a marked tendency to increase the activity of the glands of the reproductive organs, disengages their victims from the thraldom into which they have fallen, the secreting faculties of the reproductive gland are enhanced, and their size increased. Thus a like story might be rendered, running through the whole gamut of genito-urinary disorders.

It may be claimed that a new era has dawned upon the horizon of genito-urinary therapeutics in Sanmetto. The day is not far distant now when the treatment of these diseases will become quite routine. The surgeon and general practitioner will place their greatest confidence in Sanmetto.

[Written for the MEDICAL BRIEF.]

Typhoid Fever.

BY A. HERRING, M. D.,
Highland Station, Kan.

The season will soon be upon us when we may expect to encounter that insidious monster typhoid fever. I wish to report the following case which occurred in my practice last fall, and I hope some of the experienced practitioners of BRIEF fraternity (here to-day) will be able to give some light on this case.

On October 12, 1899, I was called to see two children suffering from typhoid fever which was epidemic in the neighborhood at the time. On October 20th, the father of these two children was stricken down with typhoid fever, and at about the same time the mother, a woman twenty-four years of age, began to show symptoms of the same disease. She complained of being chilly, had headache and soreness of limbs, she had a typical typhoid tongue.

The temperature gradually raised from day to day and from one to two degrees higher in the evening than in the morning. Epistaxis was profuse and frequent, a short dry cough, also the discharges was a light yellow color and about the usual consistency of fecal discharges in typhoid fever. But there was no gurgling, no tenderness or swelling of the abdomen.

At the end of the second week I thought it possible she might have malaria, so I gave her ten-grain doses of quinine every three hours for three days, but it had no effect on the run of the fever. After about twenty days the temperature began to gradually subside, but always higher in the evening than in the morning, and at the end of thirty-five days the temperature reached the level of health and she was convalescent.

Now the remarkable thing about this case was I could never detect any abdominal lesions, although I examined carefully all through the course of the disease, and it was typhoid fever unquestionably. Now the question that arises in my mind is, is typhoid fever a constitutional disease, and the intestinal lesions like diphtheritic membrane only local manifestations of the constitutional disease. And can we have typhoid fever without any of these symptoms?

[Written for the MEDICAL BRIEF.]

Twin Pregnancy.

BY F. J. SULLIVAN, M. D.,
Princeton, Ky.

In referring to some of my old records I came across a case in regard to twin pregnancy that I think will be more interesting to Dr. Nicholson than that of Dr. Gott.

September 10, 1878, was called to see Mrs. M., white, primipara; had been delivered of a full-term boy, apparently doing well, resting very comfortably; gave necessary instructions and left for home. Had not gone more than one-half a mile before I was summoned back with the report that the lady was flooding to death. I hastened back and found the report correct, had bled almost to syncope. Proceeded at once to control

hemorrhage. Then made a vaginal examination and removed a second fetus, apparently about three months old, and to make use of an old expression "as flat as a pan cake"; afterwards dressing the lady and giving positive instructions for after-treatment, left. She made a speedy recovery.

On a subsequent visit I interrogated her and found that she had, when about three months gone in pregnancy, jumped down from a tall rail fence, and discovered in a short time she was having some hemorrhage, which lasted only a short time; during the balance of the time she remained in perfect health till confined at full term. It is very evident the jump from the fence caused the non-development of the one only, and did not have any effect on the other. The strange part is why the dead fetus could remain something like six months in the womb without causing an abortion of both. Long live the BRIEF and its able Editor. Fight the fads and quack nostrums to the bitter end.

[Written for the MEDICAL BRIEF.]

My Ghost and I—Or Lines to an Opium Fiend.

BY K. PAUL RATHBUN,
Chichasha, I. T.

"Dear old Doctor, the day is gray and dead,
And with it are my hopes and pleasures fled.
For the wasted time in the year that is gone,
Seems like a ghost that will not down.
It stands and looks me square in the eye,
And says to me sternly, where are you and I?
Where is your home, your penates and lares?
Where are your friends? naught have you but tares
In your dreadful life, so is this so,
You who loved and lost have naught but woe.
Yet you cling to the ray of your love,
As tho' 'twere worthy, as if from above.
But instead you'd far better be,
If you were dead—in the bottom of the sea.
For 'tis a fact, so the Ghost said,
"Your life is ruined, your peace of mind fled.
For a man who might make four thousand a year
But prefers to wander is very queer.
Who makes the wife who loves him, bend her head in shame,
Who mocks her in the face, and tells her she's to blame.
Oh, if your doctor had learned long ago,
The worth of Truth, that Deceit is a foe
To every good on earth or in heaven,
Then you and your doctor would not apart be driven."
"So the Ghost spoke, and was I to blame,
When I raised my voice to defend your fame?
For a ghost is no better than a quick bad man,
Choose him for a mate if you dare, if you can.
While a bad man is bad the good's interred with his bones,
Yet a good ghost is evil, is but full of moans.
For their dreadful life that was cut short here,
For some dark deed, they now rob us of our cheer.
Thus I defied him, and with white face,
Said to the Ghost, 'Please leave this place.
With your cold hand and mournful eyes,
So full of pain and dark surmise.
It is true he's been bad to me,
Yet he's my husband, don't you see?
I've upheld him in the eyes of the world,
Tho' for my pains, he bad things have hurled.
He broke my nose the first of ninety-nine,
And to-day I have a broken spine.
But the courts have decided that a man may beat his wife,
If there's just cause, so I only hide from strife.
For a just cause is in evidence when,
This my husband crucifies me before men.
I know he's fooled the world, has vices too,
That the world knows not of—what am I to do?
He's my husband and I love him so,
Tell me, Ghost, what am I to do?'"

* * * * * * * * * * * *

"The Ghost looked mournful as ghosts can do,
And drew his pallium closer as he looked me through.
His dreadful eyes sought the bare boards,
As tho' something mystic might come from their hordes
Of mouldy dust, the alchemy of tears,
That has been their burden, lo, these many years.
Then said he to me: This, madame, is true,
That I your dead self now speak to you.
Renunciation shall be the text of your life,
Tho' you love him you must not be his wife.
He has wronged you, has brought you to shame,
Yet shall Nemesis follow on his name.
A betrayer of fair women, we know him below,
And old Charon shall soon him row.
Across the river whence ends this life,
Of the bad man who leads a dual life.
Here on earth where soul-blossoms grow,
He killed your soul, from its death shall flow.
A stream of limpid dazzling water clear,
Whose source is Genius, and which shall cheer
You through life, for 'tis ordered here on earth,
That out of great sorrow, Genius sometime has her birth.
So sweet myself of long ago,
Think not more of him he's a foe.
You shall lurk no more in his false smiles,
Nor feel the yoke of his dark wiles.
But heaven-born Genius shall touch your hand
And a 'new birth' shall ring thro' all the land.
Tho' I'm but a Ghost, the ghost of yourself,
Yet you will find there is an elf.
Who pays off wrong; if this were not so
I'd have done as you bade and gone long ago.
I am your Ghost, you are his wife,
But henceforward let this be your life.
To rise on your dead self to better things,
Is the wish of your Ghost who the world flings
At your feet; who now say adios,
And betake myself back to the shades of chaos."

[Written for the MEDICAL BRIEF.]

About the "Code."

BY J. M. DUNCAN, M. D.,
Kansas City, Mo.

A few days ago a terrible commotion was on, in Kansas City, among the elite of the medical profession, over a little case of alleged violation of the "Code." That "Code" is a wonderful thing. It has always reminded me of the history of the "Ark of the Covenant," wherein were kept the precious unmentionables—so sacred was it, that it was forbidden to be touched by the hand of man, under penalty of death. So with this "Code." It is so sacred that one of its devotees dare not speak in self-defense or raise his voice to explain or ward off a thrust at his personal or professional character lest some aspirant for his honors thrust in the sickle and sever his connection with that wonderful pool of corruption. The commotion above referred to was over the case of Dr. F. B. Tiffany, whom I regard as clever a professional gentleman as we have in Kansas City. It seems that some one of the Doctor's patrons, prompted, no doubt, by some of his professional enemies, sought to recover damages for an alleged case of malpractice. The jury and court refused to find for the plaintiff.

In the course of the trial much was said and written unjustly, reflecting on the Doctor's professional and personal character. After the case was decided in his favor, Dr. T., in order to correct false statements and reports, which he certainly had a perfect right to do, made a detailed statement of the facts to a reporter, which was published in one of the leading daily papers in the city. For this wonderful (?) breach of ethics Dr. T. was charged, tried and sentenced to banishment from the privileges of the hall of the Jackson County (Mo.) Medical Society for the term of three years. If this was all, the BRIEF readers would say, "the members of that society are strict—Bravo!" But is it all? Dr. T.'s persecutors say "his interview smacks—three years' worth of advertising quackery." From my observation and knowledge of facts obtained in Kansas City about professional men advertising, it depends very much on who does the advertising, and how it is done. If some doctor who excels in skill as a surgeon, in any of its departments, or has perfected a line of treatment in any class or classes of cases by his own efforts, knowledge and skill, and seeks to let the people know what he has and what he proposes to do and can do, by his remedies, knowledge and skill, which are his stock in trade, pays the printer his cash for so much space, twenty-five, fifty or one hundred dollars, that man is called by the higher order of advertisers an advertising quack, and is ostracised—not recognized by the Codites. But if twelve or fifteen M. D.'s get together and decide to organize a college, obtain a charter and get out a prospectus, send them out to the people with the name of John Smith, M. D., Professor of Surgery, and Dean, Bill Jones, M. D., Professor, etc., and so on down the line—now this is called professional; but I call it purely for advertising purposes. We had only fourteen of these schools in full run in Kansas City last winter, and I doubt if more than two or three of them covered rent, fuel and lights from tuition received. This mode of advertising always reminds me of the names given to stealing. If a poor man or woman steals a loaf of bread, a bushel of potatoes, or a dressed turkey, for a sick and starving family, he or she is called a thief, and goes to the work house for ninety days in default of one hundred dollars. If a rich man or woman steals a house and lot, a thousand dollars' worth of diamonds, or steals a bank dry, it is a mental disorder, dignified by the term "kleptomania" — given plenty of sympathy, angelica wine and milk punch till the matter can be made right by wealthy relatives, or given a coat of white sugar mixed in the milk of human kindness.

One more reference and I leave the subject with you. Not long ago a very eminent(?) surgeon, and the most extensively and cheapest advertised doctor in the West, without doubt, was preparing to remove a large cancerous growth from a man's body. While the preparations were being made by "phone," he called up the *Journal*

office and asked that a reporter be sent to his office, as he was just ready to perform a capital operation. The reporter came. The very excellent surgeon went down into his vest pocket, dug up a five-dollar bill and handed it to the reporter. That went without saying, "now a column or so of your very best write-up for the benefit of the general reading public." While the people were reading about the great skill of the great surgeon and what a wonderful operation and how successfully and skillfully it had been performed, the poor man's body was lying over at Wagoner's morgne, being prepared for burial. But what does it matter? The doctor had his fee, the reporter his five dollars and the people were none the wiser. Now, if I had asked the *Journal* for that space, the manager would have said fifty dollars.

[Written for the MEDICAL BRIEF.]

A Practical Talk.

BY A PHYSICIAN OF TEXAS.

I am a fond reader of the BRIEF, and for several years been a subscriber. I admire its liberal spirit, open to proof, investigation, and the science of the age—and this is what we want, science or proven facts *vs.* theory, conjecture, and oftentimes venomous prejudices. In the language of Paul of old, come, let us reason together, never prejudge, but like doubting Thomas, thrust in your hand, reason, work faithfully upon proven good. Then with this prelude I am going to ask a question, which I hope will be sifted and digested upon sound philosophical, physiological and metaphysical basis of reasoning and liberal expression, actuated by no prejudicial thrusts of thought. The question then offered for deliberate answer is this, Can any one prove that the drug calomel acts upon the liver, and is a so-called cholagogue, essential in the means of cure, or in the treatment of the many diseases which we are called to combat? Physiology says that bile is essential to digestion, and that no animal can live without it, and hence all animals have it? We are taught that digestion begins in the organic seat of life—the stomach—and is completed in the small intestines, and that the follicles of Bruner and Lieberkühn drink up the nutritious element of all food substances, and conduct it through the thoracic ducts into the blood, thereby keeping up the life supply. It is a constant fuel and supply car for the great engine of life. Shall we, as engineers, cut off the fuel and supply? Ah! it is too often done, and a dead train lies upon the track before us, when it should have maintained itself a live one on the track of life. I am of the old school, and was educated in the belief theory, which is only an ideal fad, and no living soul can prove to the contrary. I have seen mercurial poison, and complete loss of jaw and muscles of deglutition, producing a living death upon the most absurd reason of a belief cure. I have seen cases lost that ought to have been saved upon this destructive belief theory, and strange to say this deadly missile is fired into the sick by platoons. I am a regular physician of the Jefferson College of Philadelphia, but I always want regular good, if I can find it, and for years I have made it a rule to hunt, upon physiological principles, for the good of all systems, which I have investigated free of this, our great enemy, prejudice, and find great good in all. I have a manuscript of proven medication, which I hope in the near future to offer to the liberal-minded physician. It is of thirty odd years' experience. I have upon this principle cured cases that had resisted men whose mantles of reputation I would love to wear, and have the living evidence. You ask me then, Do you use mercury? Oh, yes, when I have stomatitis or other pathological indications, I use it in minute doses, and it is the remedy; but symptomatology and pathological reasons for the use, of not only calomel, but all so-called curative agents should be closely studied and selected, or chosen upon this principle. This is a beautiful system, and those who would put it in practice would not again rise up and exclaim, Great is the Goddess Diana! but would feed the sick as to appetite only, unless unconscious. Then our own judgment—keep the sewer flushed with salt enemas of hot water, let the life supply find its way into life, the

blood meet symptoms, overcome causes, extinguish flame after flame in the house. I have treated cases whose tongues looked as covered over with a layer of putty or painted with white lead; made a clean recovery; under conservative antiseptic treatment tongue cleaned off; in meantime all Nature's forces had been maintained, and the result was, the patient up and out in a few days without the aid of crutches, or so-called tonics. The vital forces must be preserved, otherwise it is like knocking asunder the foundation of a house to repair its superstructure. Let us work like good firemen, we will stand a better chance to save the house for short repairs, or leave good walls to soon build it up. But, says some brother, how about giving our sick rest on the liver fad.

Remember, always keep the mind starched—a few small doses of bismuth every three hours, every other day, as a mind-stayer, and if bowels do not act, in twelve hours say, wash out. This washes the liver mind, and keeps up confidence. Many times I have heard, Why, Doctor, that acted so nicely, no griping or sick feeling, mind eased, body unhurt.

The mind has more to do with the body than anything else. It helps our medicinal helpers very much, too. A little medicine in the right place is very much like the soldier's horse-shoe about his neck in heat of battle when a bullet flattened against it. He exclaimed, A little armor is all that is necessary, in the right place. I believe the BRIEF will hear a liberal discussion of this matter, divested of venomous clothing. Hope to read thoughts, and finally like provings from others.

Personal Experience with Biliary Troubles.

Dr. J. M. Thompson, Meadville, Mo., says: Chionia is *par excellent* in all biliary troubles and constipation caused from torpid liver. It does not debilitate and weaken the system, but the general functions resume their proper standard. It is a reliable medicine for chronic constipation, causing no extreme purgation.

[Written for the MEDICAL BRIEF.]

A Few Thoughts.

BY R. L. MEEK, M. D.,
Benhur, Texas.

Some time since, I asked through the BRIEF columns if its readers had had any experience treating the drink habit with oleum tiglii, and received no answer, so took it for granted they had.

It is the "thing," as far as I have tried it, and that is with about twenty cases. I do not claim the discovery, and I guess I am rather in the dark to "spring" such a thing in such an hour of scientific progress. I was informed, concerning the treatment and administration, by an old lady.

I feel as much interested in this line as a man can, as I have witnessed the harvest from alcoholic seed.

The only direct effect we get from alcohol is temporary, while the after-effects are depressing, and have considerable influence toward degradation.

The Editor in June number might have said something concerning alcoholic liquors, tobacco and drug habit, under the head of "A Necessity"—"doctors do not practice what they preach."

I wish to speak a word of encouragement to Dr. R. C. Bayly: Speak the truth and stand by the Constitution. We have no State Board in Texas regulating the practice, but expect a bill of the kind to be presented at every meeting of the Legislature, but I am inclined to think our legislative body will have too much "horse sense" to recognize such a contemptible, outrageous thing.

Hurrah for the article on "Should Universal Circumcision be Adopted?" I strictly oppose circumcision, and Dr. True spoke my full sentiment.

Success in Avoiding Miscarriage.

Dr. Geo. E. Walton, Daytona, Fla., reports that he has used Aletris Cordial in cases of habitual miscarriage with success, the ladies in each instance being delivered of living children. One had never borne any children, and had miscarried four times at five or six months.

[Written for the MEDICAL BRIEF.]

A Physicians' Home.

BY JNO. S. HARRIS, M. D.,
Minor Hill, Tenn.

Mr. Editor, having conceived a plan whereby a home or sanitarium may be put into effect, and that, too, profitably and to the honor and credit of the medical fraternity, I propose, in this article, to give it to the brotherhood through your valuable journal, as it is an exponent of profitable measures relative to our noble healing art. Let those who read this consider, measuring, as they go, the faith they have in such a cause, make it known to the general profession. Now the idea is this: Raise, by subscription, enough money to erect a handsome sanitarium known as the Physicians' Home; situate it at a point most suitable to the professions of medicine in the United States, place it in charge of competent physicians, of first class honesty and integrity, let them accept the situation for part of the profits, so they will strive hard to make the institution a success.

We are all aware of the fact that the cause of medicine demands the hardest and most irksome labor known to the whole laboring world, and that physicians tire, wear out, run down, become diseased in mind and body, and must have rest, recuperate, change surroundings, take treatment, etc., and that to go to some costly sanitarium would be more than the majority of doctors financial condition would allow and do justice to himself and family, besides owing to the expense accruing at such sanitarium, his time, if he attempted to go, would be so limited that he would have to leave before a cure was accomplished. I have known this to be the case. Now, the object of such a home is to receive all physicians who subscribe to the cause, or any member of his family, free without cost to himself or the medical fraternity, except board and washing. Have him pay a board and laundry bill.

This institution should be so broad in its measures to the profession in the United States as to receive any true physician or any member of his family without cost other than stated above. How noble such an institution would be, and how incalculable the good to the medical profession! But one says "the expense would eat it up." No. Have every stockholder interested, have him to send patients to the sanitarium for treatment. How many physicians send patients annually to specialists or sanitariums? Numbers of them. Now, they could go to the Physicians' Home, receive good, authoritative treatment at the regular sanitarium rates. These profits would amount annually to more than enough to pay expenses of operation, pay the physicians in charge, and leave a surplus fund, which fund could be used in improvements on the home, and after improvements were accomplished subject the remainder of the surplus (upon good authority) to the deserving poor, worn-out physicians and their widows. Many physicians die absolutely poor, without support to their widows, misfortune having overshadowed them all along their professional pathway. Then it would be just, right, and in harmony with brotherly love, charity and benevolence for the medical profession to set apart a helping hand. Of course, it might take one or two years for a surplus to accumulate. Now there are deserving physicians all over the United States by the thousands, so in the raising of this money to purchase grounds, erect building and furnish it, it need not require more than an outlay of one dollar each. Say twenty-five thousand subscribe one dollar each, this will put it into effect. Subscribers not to be asked for new remittances, assessed nor taxed, but asked to work for the support of the home. Annual reports could be made, through ethical medical journals, of the financial condition of the institution. We would like to hear from the Editor and the profession generally, through the journals or by mail, and if anything is done it should be by co-operation through each and all.

[We think this a good suggestion, and hope the physicians who read this will send in their opinions and expressions as to how such a thing could be best accomplished. The Masons, Odd Fellows and printers have such institutions, and why not the physicians?—ED.]

[Written for the MEDICAL BRIEF.]

A Peculiar Case or a Badly Complicated Case.

BY OLIVER B. BUSH, M. D.,
Colquitt, Ga.

Called to see Chas. S., July 28, 1899, in the morning, and found him suffering with a heavy attack of bilious fever. I prescribed for him and returned home, and upon my return to see him the next day I found him no better. I treated him along for the bilious fever for a week, when the case began to take on typhoid symptoms. I at once changed my plan of treatment, and on the 13th day after the typhoid symptoms set up, I had them relieved, but I found as a sequel to the typhoid fever that he had congestion of the liver, his skin and sclerotic coat of the eyes assumed an icterode appearance; then I had that to contend with, and for eleven days I treated it, when I got that trouble relieved, but immediately upon the relief of the liver trouble the typhoid symptoms set up again, and it was then fifteen days before I could arrest the typhoid symptoms again.

As soon as they were arrested, he developed dropsy. His abdomen began to puff, and his limbs also; his skin and eyes began to turn yellow again. I went to work again on the liver, and also on the dropsical troubles at the same time; I worried over them for some time—I do not recollect just how long—before I got the liver trouble under control again, but the dropsical troubles still held on. I treated them for some time longer, when the skin on the lower extremities began to burst about in different places, and the water soon all run out (in the course of four or five days), and as soon as the water was all out of the extremities they began to slough, and continued to do so—resisting all treatment until there was nothing left but the bony system, arteries, veins and nerves, which were open to full view. The man lingered along in this condition until the 7th of September, when he died.

I will thank some of the readers of this article, if they can, to explain to me how and why it was that there were so many complications in this one trouble, typhoid fever, and I also would like to know if any of them ever saw or heard of a case similar to this.

[Written for the MEDICAL BRIEF.]

Arsenite of Copper.

BY H. C. CONE, M. D.,
Sanger, Cal.

On page 894 is a call for the use of arsenite of copper. As to the De Kolipinski, I know not, but as to the arsenite of copper it has been my standard remedy for quite a number of years in all cases of laxative conditions of the bowels. I obtain the chemical preparation and triturate it with sugar of milk, *a la* homeopathic dilute, to-wit: One drachm arsenite of copper and seven or eight drachms of white sugar well trituated. To this I add nine ounces of the milk sugar, and this is the fountain for further dilutions; of this, in cases of dysentery, I use one to five or six of sugar of milk, and ordinary diarrhea, one to nine. This degree of dilution is my stand-by. As yet, in ten-grain doses, one, two or three hours apart, as it may be judged required, I have yet to record a prompt failure from its use. In all cases of nausea, I use a teaspoonful in a gill of water of a strong extract (or tea, with a trifle of alcohol to preserve from fermentation), from the bruised stems of the yellow pumpkin, taken at the time when they begin to yellow. Also a coffeespoonful of well-burned corn meal, one or two tablespoonfuls of either, is my universal remedy for all forms of nausea; can be administered every five, ten or fifteen minutes, as deemed necessary, and they never fail me.

These triturations should be very thorough.

Nervous Trouble of Stomach Origin.

Dr. J. A. Flautt, Otterville, Ill., says: I used Seng when my nerves were so relaxed I could not write my own name, caused from a deranged stomach. After using Seng my nervous trouble disappeared, and I can now eat a hearty meal.

THE MEDICAL BRIEF

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Editorial.

The Trial of Antitoxin.

The establishment of truth is slower and more difficult than the dissemination of error because so few people think for themselves. But, unlike error, truth is built up and confirmed by experience and observation, and consequently not to be overwhelmed in the quicksands of opinion.

The tide of adverse judgment to antitoxin is rising higher all the time, and the heaving sands are threatening to swallow up this humiliating venture of insane science.

Another trumpet blast from the pen of that able and courageous antagonist Dr. J. Edward Herman, of Brooklyn, appears in the *New York Med. Jour.* for April 28th. In it he reviews and riddles the defense of antitoxin attempted by Dr. A. Robin, pathologist and bacteriologist to the Delaware State Board of Health.

Dr. Herman passes lightly over his opponent's efforts to ridicule and belittle his first scientific and exhaustive criticism of antitoxin, and shows up the mass of inconsistencies and flimsy *ex parte* evidence adduced by Dr. Robin and called, by courtesy, a defense of antitoxin.

A single quotation will show the nature of this defense. "In view of the fact that figures can so easily be made to lie, and statistics can, unfortunately, be so arranged as to disprove the value of antitoxin, we must now turn to the more precise and scientific data obtained from laboratory experiments."

In other words, reject the only practical and efficient test of a remedy's usefulness, namely its clinical record, in favor of the distorted, partisan evidence manufactured in the laboratory of the discoverer and enthusiast. Such delightful simplicity carries one back to childhood.

Dr. Robin continues: "The clinical experience with antitoxin, considered by itself, might leave room for doubts as to its value." It is not often that the prosecution finds a lawyer on the other side who will make his case for him. Dr. Robin's defense of antitoxin very nearly digs its grave.

Dr. Robin denies that the bacteriological diagnosis of diphtheria, which became fashionable about the time antitoxin was introduced, greatly increased the number of patients treated at the hospitals, and then gravely prints a table showing that the number of patients treated at the Berlin hospitals during the first four antitoxin years was almost double that of the previous four (non-antitoxin) years.

Dr. Herman proves, by facts, the worthlessness of the bacteriological diagnosis of diphtheria. It seems that the Klebs-Loeffler bacillus is a very unreliable witness on cross-examina-

tion. He is quite as apt to be found in the throats of healthy patients or those suffering from ordinary cold and sore throat, as where there are undeniable symptoms of clinical diphtheria. Also we may have simon-pure diphtheria without any bacillus at all.

Dr. Herman quotes the names of a number of observers, among them Huebner, Delephine, Washbourne, Todd, Bernheim, Baumgarten, Fraenkel, as furnishing testimony separately, showing the unreliability of a bacteriological diagnosis.

The efforts of bacteriological and serum enthusiasts to bridge over such weak places is laughable. The healthy individual whose throat harbors a Klebs-Loeffler bacillus is naturally "immune," or, if that explanation is unsatisfactory, it is a "pseudo-bacillus. The pseudo-bacillus is identical with the "real thing" except that it does not cause diphtheria, so the fine distinction of the ingenious bacteriologist may not be appreciated by the clinician who relies on experience and observation for his diagnosis.

Dr. Herman warns against antitoxin, as it causes a marked decrease in leucocytosis, and it is coming to be generally believed that leucocytosis is a conservative process of Nature looking towards a cure. It is quite probable that this interference with leucocytosis is a cause of sudden death where antitoxin is used. Dr. Ewing, professor of pathology at Cornell Medical College, sums up his investigations as follows: "When ten thousand to fifteen thousand leucocytes per cubic millimeter are suddenly removed from the circulation and the patient dies within a short period, or in a few days, as occurred in at least three of the present cases, one must hesitate before recommending the use of antitoxin after a very grave condition has been established in diphtheria."

Dr. Herman says that thirty-two *recorded* fatal cases of late cardiac paralysis are attributed to the use of antitoxin. He also points out the *increase* of renal complications, especially albuminuria. Dr. Herman quotes the solemn warning of Prof. Langerhaus, standing over the dead body of his child, victimized by an "immunizing" dose of antitoxin.

Dr. Billings of the New York Health Department, tries to help antitoxin out, and with the usual luck of injudicious friends, strikes it a heavy blow. Admitting the actual *increased mortality* under antitoxin last year, he figures out, to his own satisfaction, that if more well people had taken immunizing doses of antitoxin, the total result would have equalled that of the previous year.

Truly the absence of humor is fatal.

Dr. Herman reminds antitoxin fanatics who urge the criminal prosecution of physicians who refuse to use it, of Seneca's observation: "Many persons might have attained to wisdom had they not assumed that they already possessed it," and closes with the terse and caustic hope that his article may "drive a few more nails into the coffin of the patented article called antitoxin, with which the mercenary Behring is exploiting the medical profession."

Amen.

Grafting Superstition on America.

Superstition abounds in the States of Continental Europe. It is this gloomy and diseased state of the imagination which makes the Continental races so credulous and fad-loving. It is superstition, linked with ignorance, which makes them so pessimistic. It is superstition, plus their dominant animalistic development, which makes them so arbitrary and tyrannical in government, so over-bearing, self-assertive and egotistical in manner.

It seems so plain that he who runs may read, that such a people are eminently unfit to act as pioneers of progress. Yet a portion of the medical profession in America is disposed to blindly follow the lead of Germany in matters medical; and politically, we are gradually yielding up minor offices in Government to continental foreigners.

Now the unassimilated continental foreigner is great when it comes to bluster or theory. He will talk learnedly or work patiently, on something which has no practical existence, but when he is confronted with an emergency, he does not know what to do with it. Common-sense, invention and adaptation are largely left out of his composition. He can make more noise and make it longer than the

more sensitive Anglo-Saxon, and there are people who can not discriminate between fuss and sense.

The temporary financial success of Koch's tuberculin speculation and Behring's antitoxin are good illustrations of the foreigner's pushing qualities and advertising genius.

It is curious, but wherever we read of a demand for class laws, or note the passage of high-handed, compulsory resolutions, we are almost sure to see foreign names appended. But fuss is not progress, nor tyranny good management.

Unless we wake up to the real character, the native attributes and endowments of our immense foreign population, and make an earnest educational fight against their comprehensive knowledge of the things which "ain't so," their superstitious reverence for authority and force-breeding methods, a revolution will be gradually accomplished right under our easy-going noses. Anglo-Saxon principles of government and free institutions will vanish in their essence, we shall be turned back a generation or more in development, and no one to blame for it but ourselves.

The Two Trusts.

Trusts of organized capital are popularly considered as dangers to free institutions; this is true, but they are not one-half so menacing as the trusts of labor, called unions. Industrial trusts come under the operations of natural law, succeed or fail just in the degree that they are able to serve the public and profit themselves to the greatest mutual advantage. Industrial trusts are run by intelligent, reasonable beings, who understand, for the most part, that a narrow, selfish policy is opposed to progress and lasting success.

We refer to trusts organized to do a legitimate business on business principles, not a gambling enterprise masquerading as an industry.

Trusts of labor—unions—on the other hand, are composed largely of passionate men, who mass their strength and bring to bear turbulence, disorder and brute force as persuaders in any differences that occur between them and their employers.

Industrial trusts assume responsibility. Responsibility is enlightening, instructive and sobering in its effect. Labor trusts assume no responsibility, do not fully comprehend the situation; hence are often unreasonable in their demands, and wield a purely arbitrary power.

A late caprice of Chicago union labor in the coffin business requires their label on coffins or no burial in Chicago cemeteries! Ignorant tyranny reaches even to the grave.

Trusts of labor go farther than trusts of capital. The money trust appeals to the self-interest of dealers, or makes open war on competitors by cutting prices. The labor trust hampers personal liberty by attacking freedom of contract and freedom of opinion. Employers have some rights as well as some responsibilities. It is their right to employ whom they please. The arbitrary standpoint taken by union leaders that union men only shall be employed is not tenable for one moment. Neither is the hostile attitude adopted toward the non-union man. The non-union man has as much right to his opinion, and is as free to make a contract with an employer without the interference or intervention of a third party as he has to marry, or vote, without such meddling.

Suppose you have a cook. This cook belongs to a union. You do not like and can not eat her cooking. You discharge her. She refuses to accept her dismissal and appeals to the union. A committee sits in judgment and decides that the cooking is plenty good enough for you, and you must keep the cook. Would not you be chary about employing union labor?

The non-union man is the true American, willing and able to stand on his individual merits and courageous enough to ask and obtain his actual rights. The union is the enemy of all such men, seeking to enslave their minds by appeal to their passions, to usurp their natural rights and reduce them to a hopeless mediocrity.

Labor unions are always led by men with an itch for power, in whom suspicion and self-assertion take the place of knowledge, keeping the minds of those under them in a continual ferment of discontent, rancor and distrust.

At this writing a street-car strike prevails in this city, and all the lines are tied up Business is crippled, thousands of dollars are being lost, the large stores are laying off many hands because there are no shoppers, thousands of weary workers must tramp miles to and fro from work and stand upon their feet for long hours.

The street-car employes are not striking for higher wages, shorter hours, or any practical gain, *but for the privilege of dictating who shall and who shall not be employed by the street-car company, which pays them and is responsible to the public for their conduct.*

The union has expressed itself as determined to get its own way at any cost. Confusion, rioting and bloodshed have marked the course of this effort.

The street-car company has plenty of non-union men to run its cars, but will not expose them and its property to danger and destruction. Political cowardice (the strikers and their friends have votes, be it remembered) usually deters City and State authorities from making any but abortive and ineffectual attempts to preserve order. Most of us recall the Chicago riots, which were only quelled by federal interference.

Things are at a stand-still here. Men, women and children are being killed by stray bullets, rocks and other missiles. Local commerce is crippled. Many are losing situations, the health of others suffering from enforced long walks; shoppers are put to great inconvenience, all to establish the *un-American principle of trust unionism.*

Republican ideas and free institutions can only be maintained when we have *men*—fearless, courageous, far-seeing men steering the ship of State. Timidity, procrastination, dallying and temporizing are not the qualities with which to meet an emergency of this nature. Playing for the vote of labor in an unrighteous struggle is not a winning card. A mob has no principles and a politician who trains his sails to suit the fickle and changing winds of mob sentiment will advance but little in his career. Passions wear out and change their nature. Principles never do. Political toadies and trucksters are invariably rated as weak and unreliable men even by those at whose delinquencies they have winked.

Ethical Pretense.

The ethical trust is the latest, with Germanized American physicians as stockholders. Not the kind of ethics which consists in being a Christian gentlemen in all the relations of life, but a curious combination of pretense, snobbishness, and the better-than-thou spirit. It is the kind of ethics which makes a man get up at medical societies and read a lot of cant about the folly of using standard proprietary medicines, which are made right here in America, have stood the test of time, and which we all know about, then go out and prescribe a German patent medicine, of which he knows nothing, except, perhaps, that chronic poisoning and death sometimes attend its use, as in the case of trional and sulphonal.

Now inconsistency and snobbishness are not factors in ethics, whatever anyone may think. Why should it be more ethical to prescribe a German preparation, of which no one knows anything, rather than an American preparation, of which we know everything except the details of manufacture?

We speak plainly because there are many physicians who, believing in true ethics, as we ourselves do, are likely to be misled, and so endorse any and all efforts which purport to raise the standard of ethics. Our fight on antitoxin, serum therapy in general, bacteriology, health board encroachments, etc., show how earnest is our interest in genuine ethics and the real welfare of the profession.

But it is not ethics to run after German preparations and decry American products, nor does it redound to our credit, professionally, to be used as a catspaw by German chemical manufacturers to exploit their goods.

Yet this is precisely what is being attempted. Professional vanity and enthusiasm are being gently titilated and guided by the skillful diplomacy of Continental manufacturers, until many doctors are so bewildered and hoodwinked that they actually think the true and scientific stand is to praise up and use the unknown products of foreign nations at the expense of those of their own, with which they are perfectly familiar and satisfied. A nation is still very

young and undeveloped when an intelligent class like physicians, can be so easily shamed out of its natural patriotic pride, and persuaded to reject the teachings of their own experience and common-sense.

Genuine ethics does not talk much about its ends. Like the waters under the earth, it furnishes sap for all the living things which make up man's life, but its workings are silent, slow and hidden. When the hue and cry of ethics is made a battle standard, look out! There's a mighty black nigger in the wood-pile.

Abuse of Health Foods.

We want to say a few words about so-called health foods. Many of these preparations are invaluable to the physician during acute illnesses, convalescence, etc., and as adjuvants to the dietary of invalids, delicate persons and young children. But exclusive reliance upon them for food will wreck almost any constitution. The law of supply and demand operates in the body quite as much as in commerce. The digestive juices and assimilative organs will steadily deteriorate in quality and functional activity when starved and debilitated by such foods.

These food products are intended to tide over emergencies. Their exclusive use occasions rather than cures dyspepsia. The writer has seen patients emaciated as by famine and neurotic to the last degree, through eating nothing but health foods, and who were promptly restored to vigor and energy by a generous dietery and the temporary use of some good stimulant to the digestive glands, such as Seng.

These victims of dietetic abstinence suffer either from chronic, watery diarrhea or absolute constipation, with tympanitic and painful abdomens. Their bloodless condition makes them extremely sensitive to cold. They have become monomaniacs on the subject of their health, and cling fixedly to the delusion that they can not eat like other people, can not go anywhere or do anything for fear of sudden death.

The resumption of a proper diet must be gradual, but firmly insisted upon. It will often cause more or less shock in a system debilitated by semi-starvation. After eating the heart will beat wildly, the blood rush tumultuously to the brain, the kidneys act incessantly, the patient can hardly breathe, is greatly alarmed and takes occasion to reproach the doctor for subjecting him or her to such an experience after being warned of the inevitable results sure to follow eating an ordinary meal.

The doctor should remain firm. Assure the patient that he expected this very thing, and that the symptoms will gradually subside as the system becomes accustomed to the new stimulus and increased demand upon its powers. That there is no danger. A little patience and fortitude is all that is required. Daily massage should be given, enemas to move bowels if constipated and foods selected which will try the digestive powers least at first. Also let the quantity of food given at any one time be small until the period of shock is passed.

In prescribing health foods, where indicated, warn the patient against their exclusive or too prolonged use. If ordinary food causes habitual pain or inconvenience, there is some wrong of digestion which should be treated and cured. The semi-starvation plan of avoiding digestive discomfort proves very dear in the end.

As a nation we shall degenerate physically, retrograde morally, lose our fecundity, cease to advance socially, politically, or commercially, if we try to live and work on emasculated health foods. We are nervous enough now. Insanity or imbecility are the logical results of a fanatical asceticism in diet.

Why England Should Win.

The survival of the fittest is an universal principle. Only the relative significance of the term, "fittest," changes. It is as true of races as of individuals. It will triumph in the Anglo-Boer war. England, of all countries, is best fitted by experience and development, to conduct South Africa through the stages of higher civilization.

The Boer conquered the native population because he was a higher type of manhood. But the Boer has not lived

up to his opportunities and responsibilities. He has degenerated. Perhaps he could not help it, living in comparative isolation from the stimulating and refining influences of a progressive civilization. But he need not be stubbornly proud of his ignorance, uncouthness, hardness, narrowness, intolerance, etc., and struggle to perpetuate them. The struggle is useless cruelty, for Nature will not permit it to succeed.

The man, or the nation, best equipped to discharge a task, can not be separated from that task by any means. The powerful law of attraction, affinity, cohesion, call it what you like, binds them inseparably together. If we only knew the law and the logic of problems, all wars, strikes, riots and the like would be ended. Neither would the sentimental racket be worked up for political capital so tiresomely often.

As regards our national attitude towards this war, if we are not too callow for anything, we will stop to consider a few cold facts.

England looks with favor and kindness upon our growth and prosperity. She shows this in a practical way. She buys sixty per cent of the agricultural products exported from this country. She is our best customer for food stuffs, and her colonies are our best markets for manufactured products. We do not hear England complaining of our pork and apples, and passing laws to prohibit their entrance as Germany does.

Did it ever occur to Germany that we, who eat our pork cooked, do not have trichina, and that it is their loathsome practice of eating meat raw, not American pork, that causes so much trichina, tape-worm, etc., on the Continent?

England bought of us during the fiscal year of 1898-1899, in the neighborhood of seventy-three million dollars worth of goods, seventy-nine per cent more than did all the rest of Europe *combined*.

The Continental nations have frequently shown an enmity towards our corn, wheat, flour, beef, pork, etc., conspicuously and uniformly absent from the commercial policy of Great Britain towards us, and wherever she goes, in the markets of the world, she stands on her merits, and leaves the door open behind her.

The Boers, imitating the Cubans, have tried to work the mine of our sympathies In this they have been aided by Irish and German sentiment in this country. The men of these nations instinctively love a good and plucky fighter so much that they are blinded to other considertions. The Boers are excellent fighters, and being outnumbered if not outgeneralled by the English, are popularly regarded as being the underdog.

But the Boers provoked this fight by going around perpetually with a chip on their shoulders. The present war, which the Boers opened by invading British territory, is the natural sequel to the too magnanimous settlement effected by Mr. Gladstone during the previous outbreak of hostilities. Hating a long and bloody war, Mr. Gladstone made peace on terms most generous to the Boer. This generosity was not appreciated. The Boers were left with an impression that they could whip England without half trying, that she was terrorized into making peace, and the itch to try matters to a conclusion has shown itself constantly in high-handed measures of injustice, discrimination, tyranny, oppression to the English in South Africa ever since.

All the Boers have they got by robbing and enslaving the native population, and unmercifully taxing the results of English industry in South Africa. If the Boer is the underdog in the fight, investigation of facts shows that he sought the position, and should now take his medicine like a man.

Do let us leave the emotional, credulous, catspaw age behind us, look at things practically and see, what is unalterably true, that England's and America's policy are one and indivisible with the cause of civilization.

Hammer Away.

One reason why so few cases of chronic disease are cured is that doctors do not hammer away at them long enough. The physician allows the ignorance and impatience of the patient at the slow and sometimes imperceptible results of treatment, to confuse his judgment and control his actions. Consequently, he tries first one thing,

then another, until his resources are exhausted, or the patient loses heart and goes his way to another physician.

Now, it is natural enough that the patient should be ignorant of physiological possibilities—the nature of the difficulties in the way of a speedy cure—but the same excuse can not be urged in behalf of the doctor's course.

The physician knows well that the depression of vitality caused by chronic disease makes reaction slow and gradual. That all medicines and all measures must be given for their alterative effect on function and nutrition. That the work of cure in chronic disease is really a work of regeneration, physical and moral. That medicine must be taken regularly and for a long time, and every detail of treatment faithfully observed. That the first requisite to success is to impress and obtain the confidence of the patient in order to insure perfect co-operation.

Patients can be made to understand that organs are subject to habits, and that vicious habits are not to be revolutionized and good ones established in a few days by any medicine. That depraved blood builds depraved tissues. That this bad blood can not be purified or tissues resolved and rebuilt by therapeutic sleight of hand.

Time and persistence are elements in the treatment of chronic disease, which can not be discounted or done without. Patiently, day by day, a little vitality is added to the stock depleted by disease until the system regains its equilibrium and normal elasticity. Select your remedies carefully and then give them a fair chance. You will accomplish nothing by flying from one remedy to another. And impress upon patients that the most powerful medicines can do little if their action is continually antagonized by wrong living. It is a waste of time to treat a patient for chronic indigestion and attendant ills, who habitually gorges himself at table. On the other hand, patients may starve themselves into inanition by exclusive dependence on "health foods."

It is best to refuse to treat a case of chronic disease unless the patient will place himself unreservedly in your hands for a sufficient time to enable you to make a fair test of your powers. Such a self-respecting attitude will impress the laity with new confidence in the medical profession, will put the doctor on his mettle, and we shall make greater headway in the relief of those chronic maladies which make life a dreary burden instead of a joyous opportunity.

Raw Food.

The alarming increase of tape-worm, trichina, skin and blood diseases, is caused by the German custom of eating raw food.

Raw and rare beef, chicken, pork, game, decayed cabbage, under-cooked pastry and vegetables, rotten cheese and similar delicacies, upon which Germans subsist, and which German physicians recommend as a suitable dietary for human beings, are constantly infecting people with the virus of disease.

It is not only that such food requires the gastric juice of an ostrich to manage it, but animals, especially those kept in herds for commercial and commissary purposes, are much more subject to disease than people. There is a popular idea that animals are never sick, but this is a great mistake. A majority of them, kept under artificial conditions, are more or less diseased, and all food deteriorates with age. The prevalence of disease among animals, and the growth of the cold storage business, makes it necessary that we thoroughly cook our meats. Sodden bread and pastry, underdone vegetables ferment much more easily than when properly cooked.

The immense belly of the average German is proof positive that he is not a good authority on the food question. Swollen abdomens mean slow digestion, constipation, muddy, apoplectic and unsound brains. Judging from the kind of trash that nation gets out, dignified by the name of thought, discovery, invention, science, etc., they need some revolutionary dietetic gospel the worst way.

We Americans are dyspeptic enough. Let us avoid the chapter of evils sure to follow the eating of raw food. Pie for breakfast and baked beans three times a day, gave the national complaint a

send off. Let us hold fast to such dainties as Southern fried chicken, barbecued pork, English roast beef and mutton.

We have a large and flourishing German population in this country. They have improved wonderfully under the genial influences of Uncle Sam's liberal policy. But they have brought and retained their abominable habit of eating raw food. The custom is spreading, favored by German teaching and example. The medical profession should exert itself to check it, or we shall have the whole nation spotted with disease.

Biliousness.

There is no doubt that our climate, like that of India, is hard on the liver. It is possible that our descendants may even revert to the copper-color of the American aborigines, just as India soon bronzes the cheek of the fairest son of Britain.

Biliousness is a fount of many ills, and is especially prevalent during the warm season. Torpid liver, hepatitis, hepatic abscess, dysenteries and diarrheas, chronic constipation and indigestion, malaria, a variety of symptoms due to disturbed circulation and auto-intoxication, are variations on one theme brought up for consideration daily in the experience of all practitioners.

If the liver does not manufacture and discharge enough bile, colicky pains and watery discharges may result, due to the acid and corrosive nature of the intestinal contents. Assimilation is interfered with because of imperfect digestion and transformation of fats and starches. Patient emaciates and kidneys suffer. If the liver manufactures too much bile, it escapes into the blood, sickening and depressing the individual, causing mental apathy, a slowed pulse and constipation.

Add biliousness to the enervating influences of summer heat, and the individual is ripe for a multiplication of the ills to which flesh is heir. Fortunately our native flora abounds in simple plant remedies for the control of this condition. An excellent and harmless formula to regulate the activity of the liver is as follows:

R Acid. Hydrochlor. Dil.....1 ounce.
Seng .....8 ounces.
Chionia .....4 ounces.
M. Sig.: One or two teaspoonfuls three times daily.

This preparation may be taken throughout the summer and fall months as a prophylactic by those accustomed to suffer from the disorders incident to the season.

Try it, doctor. It will help to earn a reputation for you among long-suffering and grateful patients.

Muscular Degeneration.

Over-exercise is bad for the individual. It wastes vitality, weakens the system, fills it with poisonous fatigue products, and, if persisted in, shortens life.

But the other extreme is equally bad. Failure to develop the muscles, or their degeneration for want of systematic, moderate use, predisposes to a disturbance of nutrition and circulation, leading to accumulations of fat on one hand and imperfect elimination on the other.

Obesity, constipation, torpid liver and kidneys, fatty heart and fibroid degeneration of the blood-vessels, are some of the results of muscular degeneration. The substitution of fat for muscle in the abdominal walls and hips, is responsible for prolapsed and congested viscera. Displaced and congested organs will not functionate normally, of course.

Muscular degeneration affects the joints, leading to fibrous changes, drying up of synovial fluid and the deposit of urates. In their turn, these irritating products in the joints will cause sensory and motor neuroses, which pain and disable the individual.

Muscular degeneration also occasions anemia because activity of the muscles is directly concerned in the production of hemoglobin, and hemoglobin carries the oxygen to burn tissue waste into soluble products easy of elimination.

This burning also produces heat and energy, keeping us comfortable and furnishing the power to work.

Moreover, the normal development and moderate regular use of the muscular system overcomes such moral faults as timidity, indolence, procrastination, lack of perseverance. In a word, helps

to discipline the moral powers and gives the individual command of all his forces. Endurance is increased and courage fortified.

Insist that your sedentary and neurotic patients employ some one of the many good methods now in vogue for the symmetrical development of the muscular system. A book of prescribed exercises is all-sufficient, but if they buy an apparatus, hire a teacher, or join a gymnasium, they are more likely to stick to it until the irksome part is over and they begin to derive some real benefit and pleasure from their efforts.

Religious Progress.

The world does move. The leaven of liberalism has penetrated to the strongholds of orthodox faith, and an earnest effort is on foot to secure the elimination of the doctrine of election from the Westminster Confession.

It seems that with progress, and the general betterment of his condition, man is unwilling to believe in the damnation, or extinction, of any soul however wicked and wayward. His pity for the limitations imposed by ignorance and weakness, his understanding of the trials and temptations which beset men, his observation of the penalties and sufferings which inevitably follow the breaking of Nature's laws, have made him tolerant, merciful and forgiving. The spirit of fair play suggests that the sinner should have another and yet another chance. If he can not become a man, a son of God at once, he should have as much time and as many trials as his soul may require to ripen and fit it for communion with the Source of All Life.

This being the present frame of mind among seekers after religious truth, the sweeping, arbitrary classification of all men into the elect and the condemned, as a fixed and immutable ruling of the Creator, upon which the lives and efforts of men can have no effect, is no longer tolerable.

Such a religious creed is recognized as immoral, and if taken seriously would have long since converted the world into a hopeless hell in which the predestined damned would have speedily triumphed over the elect. But fortunately for men, the heart has always dominated the head and made for general sanity in their doings.

The greatest harm which theology has done has been in teaching men to depend upon the atoning virtue of Christ's sufferings and death, instead of trying to make them profit by His example and teachings. The atonement theory has kept men from trying to live their religion. Has made them loose and careless in discharging their natural obligations to live a good life, and they have suffered and been retarded in learning the lessons of life as a consequence.

The growing recognition and acceptance of a more liberal and satisfying religious philosophy will show itself in results which all can appreciate. When mankind cease to profess religion and live it, we shall have a healthier, happier race, and our progress will be something to wonder at.

The Great Secret Disclosed.

The secret of happiness is so simple it is no wonder we often overlook it. Simplicity is the height of wisdom and, therefore, difficult to attain. Christ told us that a little child should lead us, that truth issues from the mouths of babes, and that, except we become as little children, we could not enter into the Kingdom of Heaven, which is everywhere in the Universe that happiness reigns.

What Jesus especially referred to in these often misunderstood statements, was the blissful unconsciousness of self-the teachableness, the enthusiasm and absence of malice which make healthy children the happy and lovable beings that they are. No man, however hardened by disease, self-seeking or vice can look upon the innocent sports of healthy childhood without a sigh of regret, an involuntary quickening of the heart's best impulses.

It is selfishness, self-consciousness and sensitive vanity, egotism and a morbid desire for sympathy, notice, etc., exciting, harmful emotions, leading to base actions and placing men in wrong attitudes towards life, that causes un-

happiness. There are people whose presence we can not enter without an intuitive and oppressive feeling that we must render tribute to their vanity to get along with them. In others natural egotism incites them to speak in censure or detraction of everything and everybody. Selfishness leads men to take advantage of others in the attempt to secure riches, personal ease and indulgences.

The sensitive, self-conscious man is embarassed and hampered by a constant sense of his deficiencies. Fear of criticism and failure paralyzes his energies. He wearies his friends with continual draughts on their sympathies. He magnifies and exaggerates the misfortunes of his condition until everybody dreads his company.

All of these people are unhappy, because happiness lies in self-forgetfulness. To be happy one must cheerfully accept the conditions and circumstances of his lot, hope for the best, have faith in the final issue, and exert his powers intelligently to do the best he can for himself and fellows, leaving the consequences to take care of themselves.

The vain man is unhappy because he fritters away his time and energies chasing the will o' wisp, popular approbation, which can not satisfy the soul's hunger for immortal principles. The egotistical man is not happy because he is wronging others, and conscience pricks. Selfishness hardens and vulgarizes. The selfish man's finer sensibilities atrophy. He ceases to grow morally and intellectually. Sources of pleasure dwindle. Abused appetites and functions refuse to serve purely animal ends. Strife between soul and body, after much discord and friction, terminates in disease and death.

The self-conscious man can steel himself by doing his best systematically, losing himself in enthusiasm for his work and love for those dependent on his labors. Those who crave sympathy or adulation, should cultivate the sense of justice, for they are weakening and demoralizing their associates. Unhappiness attends attempts to satisfy these cravings because the keen intuitions of the soul are bruised and lacerated by every violation of right, whether the ntellect understand the cause or not. Happiness is the natural reward of right living. It is a sort of joyous peace or untroubled calm. It is stirred by passing moods, as the wind ripples the stream, but abides in the depths of the soul.

Happiness varies in degree and kind with the character and development of the man who harbors it, of course. In the shallow, it shows itself as simple good-nature. In those who have suffered, learned and grown strong, it is manifested in broad charity, a diffusive kindliness and helpfulness, while there are a few who seem to radiate a pure, exquisite sense of happiness, as beings who walk always with God. These are the fragile vessels over whom we sigh with foreboding, feeling that we must all too soon surrender them to a less harsh and rigorous world.

Happy people attract us all as a loadstone does magnetic particles. We feel, intuitively, that happiness is the natural destiny of man, but most of us set out on the wrong road, make many mistakes and endure the inevitable penalties, before we are willing to become as little children and enter into our natural inheritance of love.

Uric Acid Kidneys.

The uric acid diathesis is curable so long as the kidneys are not organically diseased.

The first step in undertaking the treatment of this diathesis, or any of its manifestations, should be to examine the urine, not once but systematically, with both microscope and chemical tests, to ascertain beyond a doubt the exact condition of the kidneys.

The next step is to plan a dietary which will agree with and nourish the patient, yet put as little strain as possible on the kidneys. Meat should be eaten but once a day, and preferably at noon. If the system demands albuminous food, milk and eggs may be used in addition. We can not say too much in favor of fruit—especially the fruit breakfast—as a corrective and alterative to the blood and digestive juices.

Eating to repletion is always injurious to those who have weak kidneys, and is

usually followed by a run on those organs. Stop just short of satisfying appetite at each meal, and receive the reward of keen assimilative powers and unobstructed circulation.

A slowing and weakening of the circulation precedes that torpid condition of the kidneys which results in imperfect elimination, gradual atrophy of the renal epithelium and contraction of the organ.

To keep up the circulation, regular, moderate, light exercise must be insisted on. Gardening is excellent. Baths, massage and skin friction are invaluable, both as nerve tonics and measures to keep the glandular system in good condition.

Fresh air and sunshine deserve more than passing notice. Sunshine softens up hard flesh and renews vitality, while fresh air tones sensitive nerves and purifies the stagnant blood. The early morning hours are best for sunning and airing, except in damp, malarious regions. For the greater part of the year the windows of the bedroom may be left open all night, the bed being carefully screened from draughts and furnished with abundant clothing. This, alone, will often banish the insomnia so frequent in kidney disease.

Don't give morphine or similar agents to relieve the head pains, but use a stimulating liniment to rub the head and face with. More relief will be experienced, and without disturbance to the system.

Medicinally, keeping the bowels thoroughly open, and the alternate use of Lithiated Hydrangea and Sanmetto to eliminate uric acid and correct the morbid state of the kidneys, will be all-sufficient. In very chronic cases, Iodia will be useful to restore general secretory activity.

All the details of hygiene and sanitation must be rigidly observed, and plenty of time allowed for a cure. Improvement will be very slow, but equally certain and positive. To live by rule may seem irksome, but relief from suffering, a vigorous state of mind and body, ability to enjoy life's commonplaces, is worth troubling and working for.

Corrupt Medicine.

Everything grows by what it feeds on. A corrupt philosophy and a perverted practice are sure to terminate in cruelty and wrong.

The illogical theory of bacterial pathology was followed by a vigorous attempt to introduce animal serums, glandular extracts and similar nasty products as therapeutic agents.

Men can not handle pitch without being defiled, nor dally with false ideas, entertain monstrous conceptions, without being more or less influenced in their daily walk thereby.

The bacterial theory of disease and animal therapy have led, naturally and inevitably, to cruel and inhuman practices. On the continent of Europe, where abnormal development of intellect seems to have crushed out heart and made callous monsters of men, scientific curiosity has come to be the dominating trait in many who profess to be physicians. This curiosity, combined with the degenerate nature of their beliefs, has led to the perpetration of horrors which make one's flesh creep to think of.

Patients are unwittingly injected with disease products. Women, who have just passed through the agonies of childbirth, and whose systems are peculiarly susceptible to blood-poisoning, have germ cultures taken from the blood of erysipelatous patients introduced into their veins. Even new-born babes can not escape the dangers of experimentation with the virus of infectious diseases. The blood serum of syphilitics is injected into healthy children on the plea of immunization.

If fanaticism, and the monstrous conceptions of disease and its treatment emanating from Continental Europe, be allowed full sway, none of us will be safe. It has been gravely proposed, more than once, right here in free America, to make circumcison, and even the removal of the appendix, a compulsory fashion. Our soldiers are to be inoculated with typhoid and yellow fever virus, our children with nasty horse serum. This practice will grow and spread, under the fostering influence of health boards, unless a vigorous professional and public sentiment is arrayed against it.

Health, lives and liberty may be sacrificed to the Juggernaut of perverted science and corrupt medicine.

Now, patients must trust their doctors. Ignorance and dependence are the natural wards of knowledge and ability. The physician is, in honor, bound to do the best he can for those in his hands. To fulfill this trust to the uttermost, he must keep his mind sane, his hands clean, his heart human and his conscience tender. These conditions are impossible to the doctor who believes that germs are causes rather than results of disease; that animal serums, depraved by a process of blood-poisoning, can cure or prevent disease.

Such beliefs are pessimistic, nihilistic, corrupting and degenerative in their influences and methods. They are part and parcel of the gross materialism and superstition of Continental Europe. They ignore entirely the workings of natural law which underlie man's condition and welfare, as well as that of his environment. It is the understanding and utilization of these laws which has made the Anglo-Saxon so much the superior of the Continental European, not only in medicine, but in every other walk of life.

Let the American medical profession retain its enviable superiority by firmly setting its face against the incursion of the monstrous ideas and practices which have corrupted Continental medicine.

Cleaning Out.

The prevailing ideas of treating a certain class of troubles, where formerly purgation and emetics were used, are retrograding. Time was when the first essential of treatment consisted in a thorough cleaning out of the alimentary canal. It was recognized that this tract was the seat of important reflexes governing circulation and glandular activity, and that a thorough cleansing of the canal controlled the generation of morbid influences, stopped deterioration of the blood through absorption of poisonous gases and fluids, and placed the system in a condition to respond favorably and promptly to indicated medication.

This rational practice has been changed, except in the case of a few physicians here and there, whose strong individuality makes them cling to the teachings of common-sense in the teeth of fads and fashion.

Suppose a man journeys from home. Changes his water, climate and habits. Eats freely, takes little exercise, contracts a cold. All his secretions are checked, he has headache and severe abdominal pains. Skin hot and dry, temperature elevated. Urine scanty, very acid and of a deep red color. A physician is called.

Now, what treatment will the average physician prescribe? Will he follow the dictates of common-sense and give him a large dose of castor oil, or a searching purgative of podophyllin, aloes, etc., followed by epsom salts or other saline? Will he apply turpentine stupes or warm mustard poultices to abdomen to control pain, while waiting for purgation, with hot aromatic drinks?

No, he will give a hypodermic injection of morphia to quiet the patient by benumbing sensibility, and order huge doses of antipyretics to cool the fever by destroying the oxygen-carriers (red-blood corpuscles) so essential to vitality. If he thinks of the bowels at all, he may order a laxative, or some mild saline water, absolutely ineffectual to move a bowel filled with hardened, accumulated feces.

Fecal impaction is a common cause of disease, especially chronic affections. It is the forerunner of Bright's disease, insanity, hepatitis, and a number of degenerations. It is often mistaken for appendicitis, ovarian disease, uterine disease, etc. Rheumatism, sciatica, disease of the generative organs, mental dullness, slowing of circulation, interstitial inflammation of the colon, and a cachectic condition from autotoxemia (fecal anemia) are some of its results.

An acute bilious attack treated on common-sense principles, by active purgation, including an emetic, if a large meal has been recently eaten, and stomach symptoms are prominent, would be cut short. A few doses of a tonic and a light diet for a week would end the matter, whereas the morphine and antipyretic route diminishes the patient's vitality and lessens his recuperative powers, while the cause of

trouble remains to continue its inroads on the constitution and degenerative changes are gradually established.

Do not play with aperients and mild salines in these cases. Give them a thorough cleaning out. The character of the stools will be determined when this is accomplished. Then the whole organism will relax, circulation improve and the glandular system, unless badly diseased, set to work. Perspiration may stream but the pains are gone and small doses of strychnine or quinine soon restore the balance of the system.

Fear a Physical Disease.

Fear is the only disease which some people have. They are always looking for trouble, and when they can't find it, conjure it up or make it. Such an anxious, worrying, dreading, self-tormenting state of mind reacts upon the body, depressing all its functions. Thoughts inspired by fear pale the cheek, cool the blood, diminish and pervert the secretions.

Strength and courage can not develop under the domination of fear. Exaggeration becomes the keynote of life. The harmony and serenity which characterizes health are impossible where the patient ranges from one extreme to another. Such morbid mentality is followed by those perversions and erratic performances of functions which we characterize as neurotic.

A careful examination will show these ailing, complaining, nervous, restless, fear-dominated patients absolutely free from organic disease. Digestion and assimilation are irregular and capricious, circulation fitful, appetite and sleep uncertain. They lose and take on flesh easily, so that this factor in the situation has little real significance.

What these patients need is not so much medicine as regeneration. They are morally feeble and mentally unstable, requiring physical treatment, kind but firm management, good and regular habits of body, and a cheerful environment.

Awaken aspirations for a better, fuller life; then cultivate faith, hope, love, logic, courage and responsibility in their natural order. Will is simply the trained and disciplined expression of a man's force. Energy must be accumulated and made intelligent before it can be expressed as will power. Christian science, faith cure, magnetism, hypnotism, all seek to do this in a more or less intelligent manner. When the "healer" happens to be a man or woman naturally gifted, who has learned the value of these things in his or her own personal experience. As is often the case, they may make a striking success in treating others. "Weak" men and women are instinctively drawn toward such "cures."

Doctors who are regular in the sense that they have made a painstaking study of organized medical science, feel a corresponding contempt for the so-called quack who vies with them in the treatment of suffering humanity, having no equipment, except a knowledge of and experience with human nature. Nevertheless, the "quack" will get results which the regular physician can not compass, with medicines alone, in properly selected cases.

Why? Because a great many people have no disease but fear, and require nothing but mental and moral treatment. They are human parasites, and delight in the positive assurance, the emphatic declarations, the atmosphere of vigor, determination and good-nature which they imbibe in contact with the successful quack, who is always a person of forceful personality.

Instead of railing against the quack for his lack of scientific acquirements, all the regular doctor need do is to cultivate the instinct for measuring and sounding people, then give them the treatment which they really need and want. Supply and demand is universal. The healer, regular or irregular, who can furnish what is wanted will never lack for business.

Health Board Tyranny.

Perhaps there is no worse form of government than a perverted Democracy. Our government was established by the fathers to ensure all men equal rights before the law. And the result is that nowhere does class legislation, political corruption and tyranny flourish more than under the stars and stripes of America.

A correspondent in Kentucky, graduate of a chartered medical college, who had practiced in Iowa and Indiana, removed to Kentucky. He filed his diploma for registration, with the necessary fee, which was accepted, application furnished him to fill out and return, all of which was attended to in due form.

The doctor then had a notice inserted in the newspaper, stating his location and specialty. This exercise of individual liberty was followed by arbitrary revocation of the doctor's certificate, and he was notified to cease practicing in Kentucky or he would be prosecuted under the provisions of the State law. The Board did not return the fee.

The doctor's offence consisted in notifying a community that he had settled among them and would practice a particular branch of medicine for his living. The State Board accepted and retained a fee from him for a service which they arbitrarily nullified, thus keeping money obtained under false pretenses, and exercising a tyrannical and oppressive power over his actions unrivalled in the Russian Czar's domains.

It seems that in a government ostensibly of, by and for the people, laws passed and executive officials elected by that people, may become irresponsible, menacing, uncontrollable and destructive machines. There is something very wrong with the machinery of government when the power behind it (supposably the will of the people) makes that machinery turn and run amuck among them, cutting off their liberties and making them powerless to help themselves.

Are the voters of America (and especially that most intelligent of all classes, the medical profession) satisfied with governmental machinery that first charters and thus endorses a medical institution to educate and fit a physician to practice, then distrusts and disqualifies its own action by appointing State Boards of Health with unlimited powers to chain the doctor down, in the exercise of his vocation to State boundaries. That empowers such Boards to interfere with the doctor's personal liberty, to sit in judgment on his acts and qualifications, to censure and humiliate him, to revoke his license and deprive him of the means of earning his living on petty pretexts, to continually question his ability as a practitioner, as these farcical State examinations do? Are our liberties of national or State origin?

Equal rights before the law indeed! Equal rights to be abused, oppressed and mulcted, if you happen to be outside of a *ring* and stand on your own merits, is about the size of it.

With a government like ours, enlightened public sentiment and eternal vigilance are the best weapons we have against corruption and tyranny. When shall we see the medical profession an organic unit in its opposition to the irresponsible, arbitrary power of Health Boards? Professional inertia means Health Board encroachment.

Strikes.

Are not strikes largely the result of misunderstandings between capital and labor? Both sides believe in the justice of their cause but look at the matter from different standpoints, and so, naturally, do not come to the same conclusions.

Employers have a fuller comprehension of the issue and feel impatience with employes for not seeing and appreciating the problem as a whole instead of a part. The strikers, on their part, for want of knowledge and experience, can see only their side of the dispute.

In earlier times, when commerce was in a more elementary stage, the questions of distribution and management were insignificant compared with production. Buyers came to the factory direct and got what they wanted. The proprietor and his hands labored side by side. Mutual understanding, sympathy and good will abounded.

But civilization gradually made the problems of distribution and management predominant. Competitive rivalry made the race one for existence. It required infinitely more enterprise, energy, foresight, etc., to distribute wares (sell to the best advantage) and manage a growing business, than to manufacture or perform routine labor. The proprietor of a large industry had to buy raw material on a favorable market, manufacture economically, keep abreast of

invention and progress, be able to sell as cheap or cheaper, than others in the same line in order to hold his business.

These perplexities absorbed the time and attention of the proprietor. He was in unknown waters, with constantly changing weather, to sink or swim by his unaided efforts, with a heavy weight of responsibility attached to him. Naturally he became unsocial. A man who is worried to death is apt to become silent, reserved, curt, grim. The sensitive vanity of the laboring masses translated this change as uppishness, haughtiness, antagonism, etc.

Thus a change in the nature of their work and responsibility was the entering wedge of the misunderstanding between capital and labor. Misunderstanding brought estrangement and estrangement bred coldness, suspicion and distrust.

Employes do not understand the difficulties that beset employers. To them it seems that they do all the work while the proprietors enjoy the post of honor and get the lion's share of the profits. They do not know, as physicians do, the price in suffering, the fearful inroads on health, which the brain-racking, the nervous strain of responsibility entail.

A good way to avoid strikes would be to cultivate a better understanding between employer and employes. Education is the true solution of all problems. It would pay large companies to hire an intelligent man, as interpreter, or go-between, to keep in touch with the men. Have him meet a representative committee, composed of the more intelligent workmen, say once a week, and give them some insight, in a general way, as to what the company is doing, the problems and difficulties which come up constantly for settlement, and let the men exercise their brains for ways and means to accomplish ends. Rewards might be offered for practical suggestions. In this way, the employes would become interested, identify themselves more and more with the company's success, the latter might occasionally receive a valuable suggestion, and the more imaginative employes would, sooner or later, be convinced that brains are none too well paid. As the more intelligent men lead and control their associates, there would be no more trouble. Once satisfy their sense of justice, men are easy to deal with, but it can not be finally satisfied except through the understanding.

If there are employers who think this too much condescension. That it is enough to bear responsibility and pay wages, let them remember that the *better man* must always make concessions. It is the moral law. Nature exacts self-sacrifice as the price of superiority. Noblesse oblige is a truth, not a Quixotism. Christ was the best man who ever lived but he could not escape this penalty. He prayed and wrestled for another solution but his wonderful moral vision could show him none. He bowed to the law and drained the cup.

There is no injury to self-respect in such a means of conciliation. It is false pride which makes us reluctant to extend the helping hand of moral education to those who know no means of argument but blows. Christ gave all his influence to exalt the virtues of the heart. "Inasmuch as ye have done it unto the least of these, ye have done it unto me." It is only by bringing the spirit of Christ into our *daily lives* that we can resist the tendency to degeneration—going back to barbarism, with its "each for himself and devil take the hindmost."

It is cheaper and wiser to understand each other than to dwell amid strikes riots and foundationless hostility.

Diphtheria.

The difference of opinion between the editors of the *Medical Visitor* in regard to the value of antitoxin in the treatment of diphtheria, leads them to publish a series of articles from the clinical experience of various doctors in their March issue.

The senior editor is opposed to antitoxin because of its failure, in his hands, to cure diphtheria—a good enough reason truly.

Dr. S. W. Dinsmore, of Sharpsburg, Pa., treated several cases with antitoxin and they all recovered promptly. He says, however, that they were not of the dangerous variety, and would have recovered under any good, common-sense treatment.

He then cites the case of a woman treated with antitoxin, who was con-

fined to bed a month, manifested symptoms of blood-poisoning — eruptions, boils, etc.—and who claims that she has never fully recovered.

He further endorses some preparation of mercury as being the most universally applicable treatment.

The experience of Dr. W. J. Truitt is not conclusive. He does not depend upon antitoxin alone, using other indicated remedies, nor does he use it in all cases. His deductions are that antitoxin will prevent the development of sepsis in diphtheria, but will not cure cases already septic. This, we consider, confirmation that carbolic acid is the active agent.

His local treatment consists of injecting equal parts Listerine and hydrogen peroxide through the nostrils and into the throat with a P. P. syringe, holding two drachms. This excellent treatment alone is sufficient to prevent the development of sepsis in children of fair constitution.

Dr. L. G. Bedell, of Chicago, is unqualifiedly opposed to antitoxin, finding that the "proper and prompt use of mercury, in alternation with a suitable fever remedy—preferably gelsemium"—obviates the necessity of experimenting with "decomposed animal matter."

Dr. Bedell uses the cyanide of mercury in all cases except where glandular symptoms predominate, when he substitutes the biniodide of mercury. The doctor emphasizes the importance of antiseptics, and expresses a preference for germicides which are not also homicides.

Dr. T. C. Hood, of Chicago, refers to his report (1894) of ninety-one cases of diphtheria, treated without a death, and also without the use of antitoxin. He refers lightly to the incredulity with which his report was received, but staunchly declares that since that time he has gone on treating undoubted diphtheria successfully. In fact, has lost but one case, and in that one antitoxin was used.

He believes that the good which antitoxin has done is chiefly in the confidence it has given physicians in the treatment of diphtheria, and more especially in stopping the practice of swabbing the nose and throat, which he stigmatizes as injurious and unscientific.

Dr. Hood quotes a number of cases, some of them very far gone, which recovered under the indicated remedy and a honey mixture containing carbolic acid, prepared as follows:

R	Acid Carbolic. 95%	15 drops.
	Pot. Chlor	2 drachms.
	Tinct. Myrrh	2 drachms.
	Ol. Gaultheriæ	4 drops.

Mix and add, by triturition, honey, quantity sufficient to make four ounces. Sig.: Tablespoon ul every fifteen, twenty or thirty minutes night and day until membrane comes off.

Some of the cases cured by this method had had antitoxin without appreciable benefit.

The varying results obtained from antitoxin by different men, and by the same men at different times, demonstrate conclusively that this difference is based upon the type of the disease and the time at which the serum is given, not upon any actual antitoxic property of the serum itself. Carbolic acid is the active principle of antitoxin. Carbolic acid is not adapted to all cases, and acts best when given early before sepsis gets a firm hold upon the constitution.

Patients whose vitality is large and temperament elastic, need but a therapeutic touch—so to speak—to induce reaction and rapid recuperation. These are the patients whose symptoms are most intense. There is a great determination of blood to the head, throat and nose are filled with tough membrane; breathing is difficult; blood becomes charged with carbonic acid, benumbing and prostrating the nervous system. The case looks desperate, but these are precisely the patients who react promptly and decidedly to early injections of carbolic acid. These patients are strong, and as soon as the congestion is under control, and the obstructing membrane removed, recuperate magically.

For cases where the membrane is poorly organized but very fetid, the tissues of throat and nose edematous and macerated, half teaspoonful doses of aromatic spirits ammonia in water every hour or two, with repeated small doses of strychnine, will drain these water-logged tissues.

Preparations of mercury have stood the test of time so well that physicians who are dissatisfied with their present mode of treatment should experiment

with it exhaustively, especially in glandular lymphatic cases.

Ethol is an invaluable remedy in the diphtheria of debilitated subjects. Where poisoning and prostration are marked, it should be given internally in frequent doses, and used locally after the nose and throat are cleaned with peroxide hydrogen.

Officialism.

Boston has begun an official war on consumption. The Health Board of that city has issued an order that physicians must report all cases of consumption. Premises will be disinfected after death or removal of patient. The Board will issue a circular prescribing and regulating the lives of consumptives.

Dr. Durgin, of the Health Board, says:

> Boston is one of the worst places on earth for consumption. The Board of Health has decided that every precaution must be taken to prevent its spread. Consumption used to be considered an hereditary disease. Medical science, however, has proved that it is a purely contagious disease, and one of the worst there is.
>
> The consumptive expectorates. His sputum is loaded with germs, hence the great danger. The circular we are publishing contains the following directions:
>
> "The patient should spit only in cups or cloths specially prepared for the purpose and disinfected with carbolic acid.
>
> "Consumptives should not kiss.
>
> "No consumptive should sleep in the same room with anyone else.
>
> "Clothing, knives, forks, spoons, plates, cups, etc., used by patients should be thoroughly disinfected after each meal.
>
> "Articles of food, especially milk, should not be used by the family after standing for any length of time in the room used by the patient.
>
> "Male consumptives should not wear beards or mustaches."

This is pure officialism. Officialism asserts only and you must believe. The premises on which this action are based are mere assumption. There is not an iota of proof that consumption is contagious. Medical science has never been able to demonstrate the contagious nature of consumption. Facts and experience are all against it. If consumption were contagious, crowded centers would be depopulated, whereas only a certain percentage develops consumption. When we investigate we find that these consumptives inherited small resisting powers and have been leading artificial and strained lives.

Health Boards are always stirring up some mare's nest to create a sensation. Everybody knows they are political offices. If autocratic methods were of any use to rid people of disease, poverty, unhappiness, Russia should have the most perfect government and the most progressive people on earth. The methods which our Health Boards are attempting to fasten on America, are full-fledged and have been long in action in Russia. When a Russian official *asserts* a thing, and anyone attempts to reason with him, he simply says: "It is true because *I* say it." This ends the matter. No further discussion is allowed. But, strange to say, the Russian government is not ideal nor the Russian people the most enlightened on earth.

The medical profession does not believe, nor does medical science furnish any proof that consumption is contagious. The practitioner is perfectly competent to deal with the disease according to his own methods, without any meddling interference from Health Boards. As far as patients are concerned their condition will not be benefited by Health Board tyranny.

If every man, woman and child who spits germ-laden sputum should breathe disinfected air, eat disinfected food, sleep on disinfected beds, wear disinfected clothes, read disinfected books, think disinfected thoughts, and experience only disinfected emotions, still consumption would develop.

If all the consumptives in Boston would adhere rigidly to the Health Board patent on "Life for the Consumptive," new cases would continue to develop in the same proportion, so long as lowered vitality, ignorance of and inability to compass the ways and means of improving health, the present trying conditions of life, are part and parcel of our civilization.

If Health Boards cared a little less for power and notoriety and took some slight interest in the sanitary condition of our cities, they might really do something to reduce the percentage of consumption. But the thorough performance of practical duties is not exciting, does not gratify the love of power nor

draw out sensational newspaper notices. Health Boards are fast becoming a law unto themselves. They are beginning to use the "public health" as an engine of power, just as corrupt priests used to use the "will of God"—which was revealed unto them only.

Is not the race about old enough to dispense with the ages-long miracle of assumption? Is not the medical profession competent to care for disease so far as medical science can go, and has not it had enough of being misrepresented by political Health Boards for selfish political ends?

[Written for the MEDICAL BRIEF.]

Spontaneous Enucleation of Uterine Fibroid Twenty-One Days After Confinement.

BY G. BURNETT CURRIE,
M. A., C. M., M. D., D. P. H., UNIV. ABERD.,
London, Eng.

On January 13th last I delivered Mrs. S., a primipara, age twenty-eight years, of a healthy full-term child, after a rather tedious labor, which had to be terminated by forceps. After expression of the placenta, I was surprised at the abnormal size and rigidity of the uterus, and suspecting the presence of some intra-uterine growth, I, on exploring the cavity, discovered in the posterior wall of the fundus a large, smooth tumor closely connected at all points with the fibres of uterus. The patient had never suffered from irregular hemorrhages, menorrhagia or dysmenorrhea, nor had she any previous pelvic sensations of discomfort, nor bladder trouble. Forcible enucleation being unwarrantable, I decided to leave the separation to the natural efforts promoting uterine contractions by keeping the patient under the influence of ergot. Two hours after delivery severe flooding set in, which, however, was readily checked by an injection of ergotinin. During the next twenty-four hours her condition was quite satisfactory, but on the morning of the third day she had a slight rigor, and her temperature rose to 106.2° F. The uterus was well washed out with a strong solution of Condy's fluid, the bowels freely purged, and a mixture of aconite, ergot and quinine administered, the temperature gradually falling to 100.2° F, but with the advent of another rigor on the following day, it again rose to 107° F., then fell to and remained at 102° F. for ten days, during which time her only complaint was extreme tenderness over the enlarged womb. On the fourteenth day of her illness she had a third rigor. Temperature 105.4° F., respiration forty-four per minute, pulse one hundred and fifty-two, small and thready, vomiting, a clammy perspiration, the abdomen distended and tympanitic, and the lochia mucoid, and for the first time distinctly fetid; her general condition, in fact, indicating the most urgent danger. The uterine cavity was at once irrigated with a solution (one two-thousandth) of perchloride of mercury, brandy and Panopepton being given every two hours.

Contrary to expectations, she passed a very comfortable night; had no delirium, slept well and felt much better next morning. The improvement continued during the next week, and on the twenty-first day after confinement she passed without pain, per vaginam, a ferri sub-mucous fibroid four and one-quarter inches in length, seven inches in circumference, and weighing eight and one-half ounces. The neoplasm had slowly separated by sloughing, thus giving rise to the septicemia, the endometrium was gangrenous, and the vessels in its base thrombosed, with the result that the tumor itself was becoming necrotic.

Patient made uninterrupted progress towards recovery, and is now quite well. The case is interesting from the fact that the growth gave rise to no symptoms whatever, that the child was carried to full term, and that the tumor was spontaneously enucleated.

Disordered Livers.

Dr. W. W. Wasing, Nottingham, Md., gives his experience with Chionia in biliousness. Finds it acts like a charm, clearing the complexion, relieving the engorged and non-acting liver, restoring the appetite and healthy color to the patient.

Inquiry Department.

Appendicitis?

QUESTION:—Are there any physical signs in appendicitis to show when an operation is demanded?

Mr. C., aged twenty-one years, single, strongly built, occupation farmer and teamster, hauling railroad ties. Hereditary tendencies good, with the exception, at times, he uses alcoholic beverages to an excess, and eats a great deal at these periods.

In last December was called to see him after a debauch of this kind. Had violent pains in right inguinal region, great tenderness over region of appendix. Nausea. Chilly sensations. Coated tongue. Temperature 99° to 100° F. Pulse eighty to ninety. Burning sensation in making water. Gave salines to regulate bowels, opium to relieve counter-irritation, liquid diet, and enjoined perfect rest. He was up in a few days, but says he has felt more or less pain in the inguinal region, up to the present attack.

I was called in haste April the 4th to see him, and found the following history: Patient said he felt perfectly well, until after he ate his supper, when he was suddenly seized with vomiting, and excruciating pains in right inguinal region. He says he had taken two full doses of epsom salts, which operated and relieved his sickness to a great extent, but not the pain. I found on examination great pain in region of appendix, which was paroxysmal, and would radiate upward to umbilicus, and down the thigh and hip; some tympanites, and a great deal of borborygmus. The trouble was confined to the right inguinal region; I found him with his right leg flexed, chilly sensation, pulse eighty, very sensitive on palpating over appendix, which he said would start the misery. Micturition was painful. He attributed this to the turpentine we used. I gave him first a large enema of warm water to flush the colon, and one-quarter grain of morphine and atropia to relieve him. Ordered it given every three to five hours until quieted. Also, counter-irritations of turpentine and mustard. Liquid diet and rest. Was very hard to quiet him. Nothing seemed to relieve only large doses of morphine. After a day or so he transgressed the law, got up and walked around, and was taken worse, with all the symptoms intensified, and new ones coming on. Found dullness over appendix, could outline the tumor, temperature ran high, 100° to 104° F. Pulse eighty to ninety-six. Nausea, coated tongue, bowels distended and regular numbness in right leg, and a cold, clammy sweat; other organs of the body normal. Gave him broken doses of oil, in connection with other treatment, and advised surgical operation, but was refused. If he gets over this attack is he not liable to another one? Does kneading the bowels do any good?

Evans, W. Va. H. W. C.

ANSWER:—Believe trouble to have started as obstruction of bowel at the cecum, congestion, inflammation extending to peritoneal covering and attachments, involving appendix and other structures near by, but not idiopathic appendicitis, which is rare, whereas more or less impaction and obstruction of bowel, with resultant symptoms, is an everyday affair, overlooked by both doctor and patient. Do not depend on enemas unless you give them yourself or demonstrate how to do it. Salines given along with opium will do little. Castor oil should be given in ounce doses to strong men. With a history of intemperance in eating and drinking for days or weeks, do not play with laxatives and aperients. You want heroic purgation. Keep at it until you are getting moist, yellow, formed stools. Bowel contents are hard and caked from rectum to cecum, and Nature is making strenuous efforts to start up peristaltic action. These efforts radiate from cecum, and being perverted cause trouble. Give frequent small repeated doses of strychnine with your purgatives, and apply hot bottles to feet and legs. Turpentine stupes to abdomen:

℞ Tinct. Iodini Comp. .....3 drachms.
Acid, Carbolic..... .....1 drachm.
Glycerini.....4 drachms.

M. Sig.: Five drops every four hours, well diluted.

Do not knead the bowels with acute or subacute symptoms.—ED.

Malassimilation.

QUESTION:—The patient is my wife. She is sixty years of age; the mother of ten children. She was married at about sixteen. Her health was fair until she was forty years old. Her digestion and assimilation have been bad since that time. For the last three or four years it has grown gradually worse. Her kidneys are often too active, when she complains of her tongue being very dry, and feels like it has been burned. She now suffers all the time with a feeling of distention of stomach, pain and burning sensation in right side. This pain and burning sensation of right side is almost constant. She is very careful not to eat anything she thinks would produce flatulency, yet she will often belch for two hours after having eaten nothing but crackers and postum or coffee. Her bowels are usually open once or twice in twenty-four hours. She sleeps soundly ordinarily, until awakened by the gas in stomach and bowels. She has visited several watering places, tried every known remedy of which I know or heard. She is a woman of great energy and of good nerve, when well. Now I want some of the BRIEF readers of experience to say what is the cause of her suffering in the right side over region of sigmoid

flexure, and if anything can be done to relieve it, and if so, what. I want the Editor, of whom I have a very exalted opinion as regards his medical ability, to write me his opinion in the next issue of BRIEF.

Ennis, Tex. JOHN S. ALLEN, M. D.

ANSWER:—There may be a sub-acute inflammatory condition of cecum, or the symptoms may all be neurotic from congestion of pelvis.

℞ Ferri Sulph..... ½ drachm.
Magnesii Sulph .....6 drachms.
Acid Sulph. Arom .....1 drachm.
Tinct. Zingiberis ..... 2 drachms.
Inf. Gent. Comp .....1 ounce.

M. Sig.: Divide into six equal doses and give one at eleven A. M., the other at six P. M.

In addition, give two grains quinine sulphate in a drachm of Aletris Cordial three times daily.

Advise a generous and varied diet, but not too much at any one meal. She is probably starved. Crackers and coffee would give anybody indigestion. Fanatical abstinence in diet is as bad as intemperance.

If you examine urine, will doubtless find phosphates in excess. If so, give an acid elixir in phosphoric acid and phosphates to assist digestion for a time.—ED.

Hystero-Epilepsy.

QUESTION: — Lady, twenty-one years old; weighed one hundred and fifteen pounds when she came to me, now weighs one hundred and twenty-eight; usual weight about one hundred and thirty-eight pounds; light complexion, blue eyes. Commenced to menstruate at about thirteen years of age. Always has been troubled with dysmenorrhea. Flow checked at fifteen by indiscretion. Numbness and dizziness, terminating in spasm, resulted. Vomited; came out of spasm. No treatment. Spasms recurred at intervals, caused by sickness or dietetic excesses.

Several years later she was married and became pregnant. Seemed in good health till the fifth month, when she miscarried, having spasms as child was being born. Did not know of cause for miscarriage. Physician in attendance ordered no cleansing when asked by nurse with regard to it. Said it was not necessary, as all had come away. But in a few days the smell became very offensive, and hemorrhage set in. Small pieces of placenta came away; this went on for four or five days Patient so weak could hardly lift her hands.

Has had spasms from that time till now, from eight to ten days apart. Has had three since coming under my care. I found relaxation, ulceration of vagina, falling of womb and severe leucorrhea. Went into spasm on examination. Just before spasm she feels nervous and right arm jerks. The first three she ever had she voided her urine, but has not since while in spasm. Head and eyes draw back and to the right; is rigid a minute or two; limbs flexed at wrists, elbows and knees; pupil of eyes widely dilated. Then she struggles and bites the tongue around the edges. Never any discoloration of face till the last one she had, which lasted longer than usual. Then it was dark, but there has been before a gradual fading out leaving the face extremely pale. On coming out seems dazed, but does not sleep. Does not froth at mouth, but sometimes a thick, heavy mucus comes up. Says she is very tired and lies quiet for some time.

Appetite is good now. Bowels move regularly. No spasms at night. Sleeps well. Seldom has headache.

Practiced abuse sometimes before and after puberty, but has quit it now. Consumption in both father's and mother's families. Father never drank spirits. No spinal trouble. Please give diagnosis of this case, and if she can be cured.

Rexford, Kan. M. A. PATTERSON, M. D.

ANSWER:—The diseased uterus is the cause of the spasms. Give a copious, hot, carbolized douche; dry vagina and cervix well with absorbent cotton; then apply tampon, saturated with Kennedy's Dark Pinus Canadensis, to os. Renew tampons three times a week.

℞ Bromidia .....2 ounces.
Aletris Cordial .....6 ounces.

M. Sig.: Teaspoonful three times daily.

After she has been taking the above for two weeks, add strychnine to the treatment, one one-hundredth grain three times a day, for ten days, when it may be dropped, and two Cactina Pillets given three times a day. Massage would help this case; the diet and bowels must be carefully attended to.—ED.

Disease of Antrum.

QUESTION:—Male, aged thirty-eight, general health good. Has been troubled with dull headache over and between the eyes for about four years. Was once operated upon by dentist, who used solution carbolic acid. Irrigated twice daily with bulb syringe. Was better for a time, but trouble returned.

Mex. SUBSCRIBER.

ANSWER:—Presume frontal sinus and ethmoid cells involved in inflammation, since pain located at root of nose. Counter-irritation to bring the blood into the face and removal of sources of reflex irritation, which cause determinations of blood to head, are the most reliable measures in chronic neuralgias, mucous and purulent affections of the head.

Chronic catarrh of digestive organs, engorged liver, diseased kidneys, habit-

ual constipation, rectal and sexual disease, any one of these may cause congestion in head. Usually it is the liver, colon or kidneys. Find out which one and treat accordingly. In the meantime, try:

℞ Acid. Phosphoric Dil.....1 ounce.
Ext. Berberis Aquifol. fl.....2 ounces.
Chionia.....5 ounces.
M. Sig.: Teaspoonful four times daily.

Use a lotion of equal parts tincture of capsicum and Ecthol, rubbing entire face well until it is pink and burns slightly, morning and night. Use spray of peroxide hydrogen to cleanse cavities. When foaming ceases, inject small quantity of equal parts Listerine and Ecthol. Never use a solution strong enough to cause pain, except you are cauterizing a part. Do not worry if you can not reach entire inflamed surface. Inflammation spreads from localized spots, and so can a cure.

Better tell patient that it will require faithful treatment for some time to effect a permanent cure.—ED.

Constipation—Acne.

QUESTION: I have a very obstinate case as follows: Lady, aged forty-one. Habitual constipation of years' standing. Dark brown patches all over face and neck. General health good, but bowels never move without enema or use of cathartic. Have tried about all the usual remedies, kidneys act rather too freely, urine is rather pale. Specific gravity 1008 to 1012. Quantity three to five pints in twenty-four hours. Suffers no pain or inconvenience. Can you not give suggestion?

Also, have another case, has troubled me considerably. Young lady, aged eighteen; daughter of the above mentioned lady. Obstinate case of acne of two or three years' standing. Pimples all over forehead and sides of face. Catamenia regular in every way. Bowels usually regular. Habits active. J. C. E.
Jefferson City, Mo.

ANSWER:—In the chronic constipation you have a hard nut to crack. Suspect chronic interstitial colitis, with atony of mucous membrane and degeneration of muscular tissue. Can not be cured without prolonged, persevering treatment:

℞ Podophyllin.....1 grain.
Strychniæ Sulph.....½ grain.
Chionia.....4 ounces.
Iodia.....4 ounces.
M. Sig.: Teaspoonful three times a day, continued with brief intermissions for months.

Colonic massage with hot and cold water. A broken enema of four to six quarts of water, one quart at a time, consecutively. Begin with hot water and end with cold. Add a teaspoonful of salt to each quart of water. Advise gymnastic movements of legs and trunk to improve abdominal circulation. Examine abdominal reflexes. If sluggish, massage of abdomen and back with stimulating liniment, and flannel binder to be worn. Few such cases are cured, because will not continue treatment long enough, or else neglect important details. In second case.

The acne may be local, due to irritation of trifacial nerve, or a reflex from stomach or bowels. Examine all structures of the head. Is scalp diseased—dandruff, seborrhea, etc.? Also, nose, ears, teeth, neck, for enlarged glands. Give:

℞ Ext. Hydras. Can. fl.....1 ounce.
Ecthol.....4 ounces.
Iodia.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful four times daily.

Make a lotion of tincture capsicum one ounce, Ecthol seven ounces, and rub the face, neck, and, if indicated, scalp, with it vigorously at bedtime each night. Give a good dose of epsom salts twice a week.—ED.

Epilepsy.

QUESTION:—Adah D., colored, aged sixteen, tall for age, suffers from epilepsy. When disease first appeared was nocturnal, but now has attacks in daytime occasionally, about every three days. She has every symptom of epilepsy, short, thick neck. I first attributed it to menses, but have regulated them, and she still has fits. Have used bromides with general tonics, with no effect. J. D. GOWER, M. D.
Huffines, Texas.

ANSWER:—Biliousness is a very common cause of epilepsy. Give a tablespoonful of castor oil every other day for three days, then put her on the following:

℞ Ext. Cascara Sagrada, fl.....2 ounces.
Chionia.....6 ounces.
M. Sig.: Teaspoonful three times daily.

If purges too freely, lessen proportion of cascara sagrada.

When the above prescription is exhausted put her on:

℞ Syr. Brom. Comp. Peacock.....4 ounces.
Iodia.....4 ounces.
M. Sig.: Teaspoonful three times a day

Regulate the diet and forbid eating between meals. Plenty of fresh air and early bedtime.—ED.

Prostatorrhea.

QUESTION:—I come to you for help, as I have all confidence in your ability as a medical man.

White deposit in urine, which, to use a common term, burns me. The deposit is only perceptible at times, say once or twice per month; the deposit resembles little white flakes; on pressing them between the first finger and thumb, they disappear entirely. I secured some, dried them over a gentle heat on plate glass, then pressed one or two flakes between my fingers; the result was a very fine white powder. Whether my urine contains any tube casts or not, I can not say. Have only been affected like this a few months. Have led quite a dissipated, drinking life formerly, but have reformed. Am twenty-seven years of age, unmarried. Had gonorrhea about twelve months ago. Cured nicely in short time. Treatment, Sanmetto internally and permanganate potassium locally. Family history good. No taint of syphilis. Masturbated considerably in younger days. No pain over renal tract. In fact, no pain anywhere. I will add that I never eat a meal but that the process of digestion is not accompanied with eructations, but this has been with me since I was ten years old. Urine normal in quantity. R. L. B.

Va.

ANSWER:—The prostate gland is doubtless in a weakened, catarrhal state.

℞ Ammonii Benzoat.....1 ounce.
Ergotole.....1 ounce.
Sanmetto.....7 ounces.

M. Sig.: Teaspoonful three times daily.

Also take one one-hundredth grain strychnine three times daily for a week; intermit two weeks, then repeat.

No liquors, not more than three cigars a day, regular habits, temperance in all things. Keep bowels soluble.—ED.

Cystic Degeneration of Mesentery.

QUESTION:—G. H., aged sixty-eight years, florid complexion, blue eyes and black hair; was for many years engaged in mining, and worked over mercurial retorts in separating gold, all the while inhaling the fumes. Has had syphilis twice. Has been employed for the past eleven years in a saloon as bar-tender. Came to me on the 1st of January of this year for treatment. His condition at that time was as follows: Respirations shallow and about thirty-five per minute; circulation feeble, at about ninety-five. Waist measure forty-eight inches. Weight one hundred and forty-seven pounds. Dry, hacking cough. Bowels constipated, never moving without help. Urine scanty and highly colored, but about normal as to quality. Abdomen distended, bulging out from the diaphragm like a large melon, with the appearance of an immense hydrocele. Could get no fluctuation on palpation. Nor could I detect any fluid accumulation by any means. The arms, face and legs were wasted away, skin dry and scaly; superficial vessels standing out like quills.

I finally decided it must be abdominal dropsy, due to an obstruction of the portal circulation, and prescribed the indicated remedies: Epsom salts, apocynum, digitalis, oxydendrum, sambucus, at the same time using the best of diuretics to increase the flow of urine and proper diet from the start. He seemed to improve at first, but finally treatment seemed to be of no avail.

The last of March I used aspiration and found that there was an immense quantity of a heavy, sluggish fluid of an amber color resembling lymph. By gentle heat in a test tube it would coagulate readily and become a solid mass of albumen.

I immediately proceeded to draw it off. The walls of the abdomen contracted nicely, and everything went well for about one month. Waist measure was thirty-two, weight one hundred and fifteen pounds, skin smooth and active, urine normal as to quality and quantity, appetite good, bowels move once or twice daily, and naturally.

After tapping him I put him on elixir of quinine, iron and strychnia. Also, elixir of buchu, juniper and potassium acetate. Have been keeping the channels of elimination thoroughly open, but he is filling up again at the rate of about one and one-half pounds per week. I also advised saline baths, three or four times a week.

Patient was a moderate drinker before he came under my treatment, but not now. This sac, or whatever it may be, which seems to occupy the entire abdominal cavity between the intestines and walls of the abdomen, has been developing for the past twelve years. A few years ago he went to some springs in Missouri, when he was quite large, and after using the water for about three months, he began to go down, and finally got down to his natural size, and remained so for about six months, when he began to fill up again.

Pensacola, Fla. J. A. MCDONALD, M. D.

ANSWER:—The chances are you have got a case of cystic degeneration of mesentery. The disorder is originally one of malassimilation. Condition of circulation and respiration shows irritation and exhaustion of nerve centers.

Give an ounce of castor oil every other day for some days. Give iodide of arsenic one-sixtieth grain, and podophyllin one-twentieth grain, three times daily, in alternation, for a long time. Have him well rubbed every night with a stimulating liniment. This is very important. A hot bath to precede the rubbing. Diet light, but nourishing. Tapping is of no use, except to promote comfort. Have him exercise a little regularly, if possible. With normal assimilation the amber fluid would be used up in the nourishment and functionation of the wasted limbs.—ED.

Recurrent Shock.

QUESTION:—Please give diagnosis and indicate treatment of the following case:

Male, aged forty, farmer. Had typhoid fever about four years ago, and ever since has been troubled with weak spells, and a weak, gone sensation across the epigastric region; these come on him any time he exerts himself to do hard work, and they come anyway, every one or two weeks. One year ago he had a few "chills and fever," but these were relieved at the time, I fail to discover any lesion anywhere in his whole body. He looks the picture of health, eats well, sleeps well, bowels regular; these spells pass off in from one to three hours if he lies down, and are somewhat relieved if he takes some food. They come any time during the day if he works hard. Can you or any of the able contributors of the BRIEF come to my assistance? During the time of the spell he feels irritable and easily angered. Is it a lesion of the nervous system? H.

Cal.

ANSWER:—Yes, of vasomotor nervous system. Notice if pulse is weak and compressible, or rapid, during spells of prostration. Give half teaspoonful doses Fellows' Syrup Hypophosphites three times daily, and two Cactina Pillets as often. Glonoin will likely relieve spells. Prescribe daily sponge bath in cold salt water, followed by friction—an excellent method of toning the vasomotors.—ED.

Sexual Weakness.

QUESTION:—I am forty-eight years old, married, father of three children, sedentary occupation; general health fairly good. Married fifteen years. Prior to marriage had gonorrhea several times. Masturbated from about thirteen to seventeen years of age. Was badly strictured fourteen years ago (four in number). Three anterior strictures were cut and dilated fourteen years ago. I would not allow cutting of the one next neck of the bladder. Have been troubled, at times, with it ever since, though stream of urine is of fairly good size, but flat and spray-like, dribbling after urinating. My erections were never, since a boy, as good as then, and for the past several years have been getting worse. The erection in anterior portion of penis seems to be good enough, but just in front of the scrotum, when in state of erection, the penis seems to give way, as if "broken in two." My ejaculations are premature in sexual intercourse,

I commenced the use of Sanmetto ten days ago, in two teaspoonful doses three times daily. I feel some relief as to irritation in the neighborhood of the old stricture.

I see the "vacuum method" advertised as a sure and simple cure for poor erections. It purports to cure by placing the male organ in a glass cylinder larger than the organ itself, then exhausting the air in the tube by a pump leaving a vacuum, which the rush of the blood to the points is supposed to fill up, thereby erecting and enlarging the organ. Is there anything in it? J. L. D.

Meridian, Miss.

ANSWER:—Add ten grains benzoate of ammonium to each drachm of Sanmetto and take teaspoonful of the mixture four times daily. Urinate in vessel of warm water morning and evening; immersing the penis fully, and take plenty of time.

Bathe the penis each morning with Ecthol to promote the circulation and improve the tone of the organ. Keep the bowels moving daily. Take a moderate amount of out-door exercise daily. There is nothing like regular light exercise to allay sexual irritation and build up the sexually feeble. *Avoid mechanical devices for developing weak organs unless you want to become a hopeless sexual invalid.* Be patient and persevering in treatment. Do not expect to be cured of a pathological condition in a few weeks which has been months and years in arriving at its present state. Keep up the treatment and keep your mind off the lesion as much as possible.—ED.

General Neurosis.

QUESTION: Case, single woman, aged twenty-two. Poor health since sixteen years old. Menstruated first at fourteen, and all right until sixteen. Since then has been ill. Complains of headache in left temple, sometime right. Eyes examined and glasses prescribed by regular oculist one year ago. Can not do without them. Complains of a great deal of vertigo. Pains, some through body, sides of legs, but especially backache. Uterus small and nearly normal position, retroverted only a little. Did complain of stomach, but not now unless indiscreet in diet, and on the whole she is careful. At one time very much constipated, when sixteen years old, less so since. Now has one movement a day. Blood rushes to head, generally red cheeks when I see her. Menses scant, sometimes just shows. Twitches and starts when in bed. Has a cousin who had chorea. Mother has diabetes. Father had stroke several years ago, but shows nothing wrong now except poor hearing.

Wis. JOHN E. WORDEN, M. D.

ANSWER:—Condition of general neurosis. Nerve centers congested, excitable, unstable, partly as result of heredity and partly overstrain from growth, development and establishment of sexual function.

Indications are to improve quality, increase quantity and stimulate circula-

tion of blood. Also measures and habits to promote self-control and develop moral forces:

℞ Mist. Ferri et Ammonii Acetatis..7 ounces.
Peacock's Bromides.....1 ounce.
M. Sig.: Tablespoonful three times daily in plenty water.

℞ Podophyllin .....2 grains.
Ext. Hydras. Can. pulv.....2 drachms.
M. ft. In caps. No 60. Sig.: One after each meal.

Ammonia preparation must be fresh. If capsules cause bowels to act too freely-lessen proportion of ingredients.

Tepid bath daily with vigorous skin friction. Daily walk. If skin of back sensitive, apply belladonna plaster over seat of ache; if skin insensitive, use a capscine plaster. Test sensibility of skin with pin, heat and cold. Gives much light.—ED.

Diabetes Insipidus.

QUESTION:—I have a patient whom I have been treating some months for diabetes insipidus. She is forty-four years of age, mother of nine children. Always enjoyed good health until past six months. Her complexion is dark, with brown patches on forehead, face and neck. Has been constipated for years. Past six months has passed about six pints of urine every twenty-four hours. Urine pale. Specific gravity 1008 to 1010. Appetite good, sleeps well. No unusual thirst. Never urinates more than once during night. Feels somewhat languid, but complains that constipation does not yield in any degree, and never gets operation on bowels without medicine or enema. Have tried the usual remedies without good results. kindly advise me through inquiry column.

Kansas City, Mo. O. R. SMITH, M. D.

ANSWER:—Diabetes insipidus is usually a symptom of the hysterical temperament, with cardiac irritability, pelvic congestion and constipation; chloasmic patches on the face are common at the menopause, and often accompany fecal anemia.

℞ Acid Nitric Dil.....10 drachms.
Ext. Hydras. Can. fl.....1 ounce.
Chionia.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily.

Give also one one-hundred-and-thirty-fourth grain arseniate strychnia, four doses daily, to control kidney activity and promote peristalsis. Alternate with Cactina Pillets, two four times daily, as strychnia should not be given for prolonged periods without intermission. Use a purgative of aloes and podophyllin until the above prescription begins to produce its alterative effect on the bowel function.—ED.

Blindness Following Delivery.

QUESTION:—I was called April 8, 1900, to Mrs. K.; midwife in attendance. Child was about ten or thirty minutes old when I arrived. Placenta lying about half outside the womb, which had contracted and was holding it concealed with hemmorrhage. Lady was getting weak. I at once cleared the womb, and contracted it, and patient did well.

She had had some dimness of vision in the afternoon for three or four days past, which continued, and on the third day (11th) she became totally blind.

I was called to her on the 15th. Found her with pupils widely dilated, temperature 99 ° F., pulse one hundred and twenty. Lochia about normal. No symptoms of septic fever.

I directed medicated womb bath twice a day, with an alterative. Liver acted well. General health improved rapidly. There was albumin in urine, which disappeared after three or four days, on giving lithiated hydrangea, and in a week she began to sit up and eat well. Felt well, better than with her previous confinements (this is the sixth child). But no sight, and I have kept her on good tonics.

She still has little fever in the afternoon. Is normal in the morning.

I tried morphine, one-quarter grain; atropine, one one-hundred-and-fiftieth grain, which contracted pupil, but still no sight. Eyes look clear. She is not very nervous, feels well and is hearty. Quinine makes no impression on the fever. It comes and goes regularly every day. F. A. BURNUM, M. D.

Robert Lee, Texas.

ANSWER:—The blindness may be due to anemia vasomotor weakness, kidney disease, reflex irritation from uterus, etc. It is common after difficult deliveries, especially where there has been much hemorrhage.

℞ Pot. Chloratis.....2 drachms.
Celerina.....4 ounces.
Aletris Cordial.....4 ounces.
M. Sig.: Teaspoonful four times daily.

In alternation give elixir iron, quinine and strychnine phosphates, teaspoonful three times daily.

Continuance of fever makes sanitary condition of uterus suspicious. If bowels have been thoroughly opened, better investigate, Also, keep eye on the urine.—ED.

Castor Oil.

QUESTION:—Please give formula to disguise the taste of castor oil. SUBSCRIBER.

ANSWER:—Add a little oil of wintergreen and saccharin. Instruct patient to hold breath while swallowing, and have ready a little coffee or aromatic cordial to sip afterward.—ED.

Amenorrhea—Ascites.

QUESTION:—1. Bohemian girl, eighteen years old, never married, has considerable trouble with monthlies. It is a family failing, it seems. She has seen nothing in twelve months, is pale and anemic. Has peculiar spells every month, constipation, feet and hands burn, and at times swell. She has consulted several doctors to no good. I proposed an examination, which is agreed to, but I put it off to hear from you.

2. Married lady, American, mother of two children. Had a bad time with last child. Very fleshy, color skin good, appetite fairly good, some constipation. Has never menstruated since birth of last child, which is four months old. Feet, ankles and fingers burn, especially do her feet and ankles swell. Complains of rheumatic pains in lumbar region and sacrum. I never examined urine. She says it is normal and no trouble to void.

Waller, Texas. J. P. CARRINGTON, M. D.

ANSWER:—*Case 1.*—Give ten drops dilute phosphoric acid, with a teaspoonful Aletris Cordial three times daily, for some time. Regulate bowels with a pill containing podophyllin and aloes. When spells come on, give thirty drops aromatic spirits of ammonia every three hours until flow appears. Hot mustard foot baths and turpentine stupes over abdomen will expedite matters.

Case 2.—Suspect subinvolution uterus, weak heart, failing kidneys. Purge every other day with epsom salts, and give:

℞ Peacock's Bromides.....1 ounce.
Lithiated Hydrangea.....3 ounces.
Aletris Cordial.....4 ounces.
M. Sig.: Teaspoonful four times daily.

Continue the salts until the abdomen is well drained. Also, give two Cactina Pillets four times daily. Sound the heart and examine the urine.—ED.

Progressive Muscular Atrophy of Arms.

QUESTION:—Will the Editor kindly give, through the columns of the BRIEF, his opinion, and if possible, a remedy for the following:

The patient, an old man sixty-three years of age, a teetotaler for eighteen years, does not use tobacco, can eat well, sleep and walk, and is apparently healthy except in the arms, where he is suffering with what the doctors have called typical chronic poliomyelitis, that is, muscular atrophy from a spinal origin, starting about eighteen months ago. Took remedies from a dozen local doctors, was four days in Jefferson Medical Hospital, Philadelphia, and was pronounced as above. Only the arms and hands are affected. He has lost almost all power, he being unable to raise them more than eight or ten inches from the sides, where they hang helpless; they are still going backward. SUBSCRIBER.

Pa.

ANSWER:—Give ten grains ammonium carbonate in glass of water three times daily, also one-sixtieth grain strychnia sulphate, and one two-hundred-and-fiftieth grain atropia sulphate three times daily. Apply small flying blisters to nape of neck. Bathe arms and shoulders in hot mustard water, rubbing same well, morning and night. Examine urine and watch the strychnine. If any tendency to apoplexy, or kidneys affected, leave off strychnine and substitute small doses phosphate quinine.—ED.

Acne and Chloasma.

QUESTION:—What would you advise for an obstinate case of acne in a young girl of sixteen years, apparently in good health. Monthly periods regular and bowels not constipated. Forehead and left side of face covered all the time with pimples. Have used phosphate soda, also sulphuret of arsenic. Please advise and also state what may be safely used as an ointment to dry up the pimples.

Also please give formula for an ointment for the face and neck, both of which are covered with brown patches or liver spots. This is the case of a married lady, aged thirty-two, with three children. She is always constipated, and seems unable to get permanent relief. What will remove the brown spots? Please advise a steady reader of the BRIEF.

Leavenworth, Kan. M. F. A.

ANSWER:—*Case 1.*

℞ Ext. Berberis, aq. fl .....2 ounces.
Iodia.....6 ounces.
Podophyllin .....1 grain.
M. Sig.: Teaspoonful three times daily in water.

Locally apply Ecthol, undilute, morning and night, rubbing it in gently but thoroughly.

Case 2.

℞ Acid Mur. Dil.....1 ounce.
Ext. Hydras. Can. fl.....1 ounce.
Tinct. Nuc. Vom.....½ ounce.
Chionia.....q. s. ad.....8 ounces.

Employ abdominal massage. Rub the tissues of face and neck with equal parts tinct. capsicum and Ecthol morning and night, to eliminate waste and restore vitality. Ointments are relaxing and better suited to very dry and irritable surfaces.

Give a large dose of epsom salts, dissolved in infusion cinchona bark, twice a week, until bowel activity improves.—ED.

Puerperal Convulsions.

QUESTION:—A correspondent desires to hear from other physicians the result of their experiences in the treatment of puerperal eclampsia.

Muscular Cramps.

QUESTION:—Patient is a female, aged about sixty-eight. Ten years ago she had a severe stroke of paralysis, losing power of speech and affecting the whole of right side. She has full use of left side, and constantly seeks some employment to divert her attention from her condition. The muscles of the right side and limbs are apparently as well developed as those of left; but lately (for a year or so) she suffers the most painful cramps, beginning in the right foot and extending up to side of head, including nearly all the muscles of right side.

Protracted rubbing causes the spasms to pass off for a while, but they recur several times (say four times) daily. Sleeps well. Does not suffer from constipation. A moderate eater. Cheerful disposition. Now, if you could suggest some local or internal remedy which would prevent those cramps, her life would be more endurable. She has taken no medicine.

Barton, Fla. J. W. CLEMENT, M. D.

ANSWER:—The cramps are due to a want of circulation in the paralyzed muscles, and possibly disease of left side of brain. Massage, Swedish movements, and electrical exercise of the muscles, with both faradic and galvanic currents, are indicated. Medicinally, give two grains of quinine three times daily, with half teaspoonful aromatic spirits of ammonia in water every three hours. Make sure the bowels act thoroughly. Fecal impaction is very common in the aged, and constipation one of the commonest causes of paralysis.

Very hot baths would be beneficial. Or the hot pack may be utilized. Wring a sheet out of hot water containing turpentine; strip and wrap her in it, blanket and give a cup of hot tea. As soon as she is perspiring well, take her out, rub dry, put on dry clothes and let sleep.—ED.

Acne.

QUESTION:—I have a daughter who is troubled with a persistent case of acne. Pimples cover the forehead and left side of face. Is eighteen years old, in apparent good health. Good appetite. Sleeps well. Menstruates regularly.

St. Louis, Mo. J. C. J.

ANSWER:—Irritation of left tri-facial nerve, possibly due to eye strain, disease of nose, ears or teeth on left side. Get a diagnosis by exclusion, and in the meantime give twenty drops fluid extract berberis aquifolium, with ten of fluid extract hydrastis canadensis. Rub the face with Ecthol morning and night.—ED.

Nasal Catarrh.

QUESTION:—A lady with chronic nasal catarrh, thirty years old, mother of three children, general health moderately good, nose runs yellow water sometimes, scabs come from nose sometimes, brown splotches on face around the line of Mars, bone looks like liver spots, no cough to amount to anything.

Have used Pyrozone spray and an attentive treatment, but it does not yield. Constipated. The discharge from the nose is very offensive. Please suggest a treatment.

I have taken BRIEF twelve months. Find it best journal extant. G. T. LYON, M. D.

Roswell, Ga.

ANSWER:—Presume patient catarrhal throughout mucous tract.

℞ Acid Phosphoric, Dil. ....1 ounce.
Tinct. Nuc. Vom..... ½ ounce.
Ext. Hydras. Can. fl.....1 ounce.
Chionia.....q. s. ad..... .....8 ounces.
M. Sig.: Teaspoonful three times daily.

Regulate the bowels with podophyllin. Insist upon a daily sponge bath, followed by brisk rubbing of skin to tone up vasomotor nerves of mucous membranes. Prescribe a lotion of eight ounces Ecthol and four ounces tincture capsicum.

Rub tissues of face, scalp and neck well with this lotion morning and night. This, if persisted in long enough, will gradually check the watery discharge from nose by equalizing the circulation in head and improving nutrition of those tissues. A spray of Listerine, strong as can be borne, adding a little borax, may be used to keep down the odor. Do not expect to *cure this case* under six months or a year's faithful treatment.—ED.

Recurrent Rhus Poisoning.

QUESTION:—Will Editor of BRIEF please give treatment for case of poisoning from rhus toxicodendron? Poisoned in 1895, and a vesicular eruption still appears on various parts of body. W. T. SMITH, M. D.

Hurricane, Ark.

ANSWER:—A saturated solution of chlorate potash is highly recommended for acute manifestations. Doubtless Ecthol will serve you better in such a chronic affection. Apply the remedy freely several times daily, and continue until the vasomotor nerves of skin are restored to a normal condition. Also take internally one one-hundred-and-thirty-fourth grain arseniate strychnine three times daily for a couple of weeks, if tongue clean. If not, clean it first. —ED.

Sciatic Rheumatism.

QUESTION:—Miss F., forty-six years old, never married. Menses stopped about one year ago. Began suffering from rheumatism last December. Still suffers in right hip and leg, more at night. Feet and ankles are swollen. Heart not diseased. Appetite good when not suffering pain. Was always healthy, strong woman before this attack. Also suffers in lower part of bowels now. A. G. C., M. D.
Narrows, Va.

ANSWER:—Think likely bowel trouble preceded and is responsible for hip and leg symptoms. Abdominal plethora with disease of bowels and attendant neuro-muscular symptoms are very common at menopause for want of the usual monthly drain. Suggest an ounce of castor oil if you can get her to take it, followed by morning dose of epsom salts for some time. Failing that, use compound cathartic pill to secure abundant watery evacuations, and repeat at intervals until whole alimentary tract thoroughly roused. Then employ a tonic and aperient compound of hydrastis canadensis, cascara sagrada, rhubarb, aloes and a very little strychnine. Hot sitz bath three times a week; abdomen, lower back and hips to be massaged with stimulating liniment other nights. —ED.

Convalescence from Morphine.

QUESTION:—Have a patient who has been taking a morphine cure. He has reduced the dose to one-quarter grain per day, and sometimes not that. His bowels are now under control, and he has a fair appetite, but suffers greatly with pain in his back and stomach. Hypophosphites act on his bowels, and he has to take Papine. Sometimes he takes hyoscyamine with it. He is weak, and has to take glonoin often for his pulse. He seems afraid of sinking. What do you advise for that burning and pain in his back and stomach? What stimulant or tonic is best for him? He takes quinine, but it makes him nervous and hurts his stomach. J. T. S., M. D.
Mo.

ANSWER:—Use strychnine, one-sixtieth to one-thirtieth grain; Celerina, tablespoonful doses; Keith's Tincture Avena Sativa, ten to twenty drops; phosphoric acid, shaved ice in carbonbonated waters. Atropia sulphate one-five-hundredth to one two-hundred-and-fiftieth grain for pain. Cold sponge baths, followed by brisk rubbing, every day. Nutritious food. Encourage him in every possible way.—ED.

Sequela of Typhoid.

QUESTION:—Patient is a male, aged thirty years, married. Occupation, teaching. Nervous temperament. Good habits. Never had any venereal disease.

About four years ago had an attack of typhoid fever from which he never fully recovered. Was left very nervous, but present trouble came on about two years later. There came a sense of weight and fullness an inch or so to the right of the umbilicus. From the first it has troubled him without ceasing. There is no swelling or enlargement, but for the last year complains of a tenderness on deep pressure. Has a sense of weight and fullness in back of head. Memory seems to be failing. Not much inclined to study. Bowels regular. Has no trouble when lying or walking, but troubled when sitting or standing. When sitting, seems not to want his clothing to press him on that side, keeps moving them, and, also, is continually changing his position. L. L. P.
Purvis, Miss.

ANSWER:

℞ Ammonii Chlor.....1 ounce.
Seng.....3 ounces.
Chionia.....4 ounces.
M. Sig.: Teaspoonful three times daily.

Daily bath in tepid water, adding enough hydrochloric acid to make bath water stimulating. Must have plenty of fresh air, and moderate exercise daily. A good dose of epsom salts twice a week will be useful. Should wear flannel bandage over abdomen and practice gentle massage over that region.—ED.

Treatment Wanted.

QUESTION:—Kindly give treatment for the following case. Lady twenty-three years old, married three years and with one child. Her periods have been irregular, sometimes a little early and often past the regular time; frequently has headaches, a thing that never troubled her before marriage, and two or three times has had severe pains in lower part of abdomen; is nervous and easily tired, but apparently in pretty good health. For a time after the child was a year old, if intercourse took place before or directly after periods, it was natural, but since has had no pleasure, and yet no appearances of being pregnant. The lady is entirely devoted to her husband, and would ask if you or some reader, could give treatment that will restore her to a natural condition.
Ontario. ARTHUR H.

ANSWER:—Pelvic circulation is inactive. Headaches reflex from congested uterus.

℞ Tinct. Cimicifugæ.....1 ounce.
Tinct. Podophylli.....1 ounce.
Aletris Cordial.....6 ounces.
M. Sig.: Teaspoonful three times daily before meals.

Bathe the parts with a teaspoonful of pure Ecthol every night on retiring.—ED.

Neurotic Stomach.

QUESTION:—Please give me the diagnosis and treatment of my case: Age twenty-three, single, height six feet, weigh one hundred and fifty-five.

I have a burning, bearing-down sensation in the region of stomach. The pain is worse on an empty stomach. It troubles me worse about two o'clock in the morning. Sleep about five hours in the night. Been this way four months. Tongue has a gray coat on it. Bowels move once a day. Headache. Temperature about one or two degrees over normal at night. Pulse about normal. Have a good appetite. Have a bad, greasy taste. For the past three weeks have felt well. Night before last, I had the same old feeling. Abdomen is drawn up. It looks flat. DR. ROARK.

Waco, Tenn.

ANSWER:—Sub-acute irritation of the stomach.

℞ Sodii Sulphis.....1 ounce.
Listerine.....4 ounces.
Ecthol.....4 ounces.
M. Sig.: Teaspoonful an hour after meals.

Make a strong infusion of slippery elm bark and drink in place of water. Drink a large draught when pain is troublesome. Liquid peptonoids with creosote, milk, cheese, eggs, and other albuminous food, in small quantities, will be useful. Apply some hot liniment over spine between shoulders twice a day. Do not sleep on your back.—ED.

Queries.

QUESTION:—Will you please answer the following questions for me, or get some kind reader of the BRIEF to do so:

1. Is it possible for twin girls both to become mothers or bear children?

2. What per cent of colored blood does an octoroon possess, and will she bear children from a white man? J. C. N.

Braddock, Pa.

ANSWER:—

1. Yes.
2. One-eighth.
3. Yes.—ED.

Goiter.

QUESTION:—What is the latest and best treatment of goiter? R. E. H.

Ind.

ANSWER:—Try a tincture of fucus vesiculosis, made from the fresh plant, in twenty to sixty drop doses four times daily, with inunctions of oleate mercury, to the swollen gland. Theoretically, we should think Peacock's Bromides, and Phytoline useful in this condition.—ED.

Facial Blemish.

QUESTION: -About one year or a year and a half ago, I noticed a dry and squamous spot on my lower lip to right of median line. Scales off about every ten days. No pain, nor induration at base. Would you consider it malignant (age, thirty-nine), and if so, would you commence treatment as long as there was no pain, and no inconvenience except the scaling? No specific blood disease. Married, and have two little ones.

Am very sorry to trouble you, but have read your journal now one year, and like it very much. Have great confidence in you. So please let me hear from you. W. A. L., M. D.

Neb.

ANSWER:—No, Doctor, we do not think it malignant yet. Circulation is probably poor in the tissues roundabout, and the desquamation, of which you speak, the result of altered nutrition. We advise that you *paint* the spot with Ecthol several times daily and *rub* the rest of the face and under the chin liberally, with the same every night. Internally, take one-sixtieth grain iodide of arsenic in a drachm of the Ecthol three times daily to assist cervical lymphatics in getting rid of waste products from facial tissues.—ED.

Eczema.

QUESTION:—I have struck a knot. Eczema in child of two years, that will not down at my bidding. The face and neck are completely masked; the hands are gloved and the feet are socked.

I am now excluding the air with

℞ Benz. Ox. Tinct. Oint.....1 ounce.
Spts. Camphor.....½ drachm.
Icthyol.....1 drachm.

and pushing Tongaline, and believe there is improvement. Any help will be appreciated.

Fairfield, Tex. W. M. GRIFFITH, M. D.

ANSWER:—Give a little nux vomica to tone up vasomotors of skin, with rhubarb and soda.

℞ Tinct. Nuc. Vom.....10-15 minims.
Mist. Rhei et Sodii...q. s. ad...4 ounces.
M. Sig.: Teaspoonful three times daily.

Bathe face, hands and feet in equal parts Listerine and Ecthol several times daily, and remove the mask, gloves and socks. Air is not irritating this time of year, but avoid soap and water.—ED.

Tobacco Habit.

QUESTION:—Will you kindly make inquiry through the columns of BRIEF for formulas for the cure of the tobacco habit?

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℞ **Phosphori, 1-50 gr; Ext. Nucis Vom. ½ gr.** 50c. per 100.

DOSE—One or two pills, three times a day, at meals.

THERAPEUTICS—This pill is especially applicable in *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

Pil: Phosphori cum Ferri et Nuc. Vom. (W. R. Warner & Co.)

℞ **Phosphori, 1-100 gr; Ferri Carb. 1 gr; Ext. Nucis Vom. ¼ gr.** 70c. per 100.

DOSE—One or two pills may be taken two or three times a day, at meals.

THERAPEUTICS—This pill is applicable to conditions referred to in the previous paragraph, as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc., and Mr. Hogg considers it of great value in atrophy of the optic nerve.

Pil: Phosphori cum Ferro et Quinia. (W. R. Warner & Co.)

℞ **Phosphori, 1-100 gr; Ferri Carb. 1 gr; Quiniae Sulph. 1 gr.** $1.10 per 100.

DOSE—One pill to be taken three times a day, at meals.

THERAPEUTICS—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

Pil: Phosphori cum Ferro et Quinia et Nuc. Vom. (W. R. Warner & Co.)

℞ **Phosphori, 1-100 gr; Ferri Carb. 1 gr; Ext. Nucis Vom. ¼ gr; Quiniae Sulph. 1 gr.**

DOSE—One pill, to be taken three times a day, at meals.

THERAPEUTICS—The therapeutic action of this combination of tonics augmented by the specific effect of Phosphorus, on the nervous system, may readily be appreciated. $1.10 per 100.

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Inguinal Hernia.

QUESTION:—I have an incomplete right inguinal hernia, of about one year's duration. Is there a cure for it other than a radical surgical operation, and if so, please state your opinion and mode of treatment by letter or in the next BRIEF. I have worn a truss six months for protection only. Kindly oblige. C. E. W.
Salina, Utah.

ANSWER:—Hernia is due to a relaxed atonic state of the structures—muscles, fascia, comprising the abdominal wall, the weakness of ligamentous supports, paretic condition of intestinal walls. Theoretically, hernia might be cured by invigorating these structures through massage, active and passive movements of joints, muscles. We advise that you consult a good surgeon as to the practicality of such measures in your case.—ED.

Eczema Capitis.

QUESTION:—Please give treatment for obstinate case of eczema of scalp, and oblige,
Pa PRACTITIONER.

ANSWER:—Use fluid extract of berberis aquifolium, in dose to suit age, three times daily, and apply carbolized oil locally.—ED.

Help Wanted.

QUESTION:—A correspondent in Texas wants treatment for nympho-mania.

ANSWER:—We suggest:

℞ Ext. Salix Nigra Pimenta, fl.....1 ounce.
Peacock's Bromides.....3 ounces.
Aletris Cordial.....4 ounces.
M. Sig.: Two teaspoonfuls three times daily.

Also, elixir iron, quinine and strychnine phosphates, teaspoonful after meals.

Thorough purgation and inquire for symptoms of rectal disease. A loaded colon and rectal disease are prolific causes of sexual irritation and mental trouble. Better make careful local examination of both sexual organs and rectum. Also examine urine.—ED.

Lumbago.

QUESTION:—Give me your best recipe for recurring attacks of lumbago and oblige,
Mo. A READER.

ANSWER:—

℞ Ammonii Benzoat.....1 ounce.
Tinct. Cimicif.....1-2 ounces.
Sanmetto.....q. s. ad.....8 ounces.

Precede above by a cathartic and apply capscine plaster to small of back.—ED.

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Best results are only obtained by pushing Arsenauro and Mercauro to point of toleration in each individual case (keeping the patient as near that point as possible).

The maximum dose varies widely, some patients taking eighty-five drops three times daily, others being unable to reach a dose of over ten drops.

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ST. LOUIS

Proper Time for Exercise.

QUESTION:—1. Is it safe, on sanitary grounds, for young men and boys to engage in the exercise of base ball, at mid-day, in hot weather, immediately after a hearty dinner?

2. To what work would you refer us for further information on this subject?

St. Bernard P. O., Ala. ENQUIRER.

ANSWER:—1. On general principles, no.

2. Write to Lea Brothers & Co., Philadelphia.—ED.

Nursing Sore Mouth.

QUESTION:—I should appreciate it very much if you will give me a remedy for nursing sore mouth. S. R. H.

Colo.

ANSWER:—

℞ Tinct. Collinsonia Can.....2 ounces.
Sodii Hyposulph.....1 ounce.
Ecthol.....6 ounces.

M. Sig.: Teaspoonful four times daily.

—ED.

Chronic Alcoholism.

QUESTION:—Can you give me a simple and effectual remedy to control the desire for alcohol during treatment? Any suggestions will be appreciated. D. C.

Tex.

ANSWER:—Try equal parts tincture capsicum and Celerina, in tablespoonful doses as often as required. Ten to twenty grain doses ammonium chloride *pro re nata*, are also useful.—ED.

Pyuria.

QUESTION:—What is the best treatment for pus in the urine? H. R. S.

Tenn.

ANSWER:—

℞ Tinct. Ferri Mur.....1 ounce.
Tinct. Nuc. Vom.....½ ounce.
Ecthol.....q. s. ad.....8 ounces.

M. Sig.: Two teaspoonfuls four times daily.

Prolonged hot sitz bath daily and move bowels copiously with salines.—ED.

Grippe Prostration.

QUESTION:—What is the best tonic to relieve the languor and depression following grippe?

Ohio. DR. S.

ANSWER:—Bartholow recommends the iodide of iron in the shape of the officinal pill, one every four hours. Fellows' Syrup Hypophosphite Comp. is also excellent.—ED.

Goiter.

A correspondent in Indiana wants the best treatment for goiter. Also, what benefit is derived from thyroid extract.

Facial Neuralgia.

QUESTION:—Kindly make suggestions as to treatment of stubborn case trigeminal neuralgia. D. E.

Mich.

ANSWER:—

℞ Ammon. Mur.....1-2 ounces.
Atropiae Sulph.....¼ grain.
Celerina.....8 ounces.

M. Sig.: Teaspoonful four times daily.

Regulate bowels if constipated.—ED.

Rigid Os.

QUESTION:—What is the best treatment of rigid os in slow labor cases?

YOUNG PRACTITIONER.

ANSWER:—Try jaborandi five to ten minim doses, as often as indicated, until perspiration and general relaxation. Tampons saturated with strong lobelia tea will sometimes do the work when stomach is irritable.—ED.

Nasal Hemorrhage.

QUESTION:—Please give a remedy for severe recurring attacks of nose bleed and oblige,

Va. H. E. R.

ANSWER:—One or two grains carbonate ammonia every fifteen minutes will soon check the flow, and if this dose be given three to six times daily for some weeks, will often eradicate the diathesis.—ED.

Laryngeal Weakness.

QUESTION:—What will relieve the hoarseness and loss of voice following prolonged speaking? INQUIRER.

Mass.

ANSWER:—Try one one-hundredth grain doses bi-chromate potassium in a drachm of Celerina every two or three hours.—ED.

Persistent Cough.

QUESTION:—Will you suggest a remedy for a dry, hacking cough? Patient very nervous and excitable. Lungs apparently sound.

N. H. MEDICUS.

ANSWER:—

℞ Tinct. Ipecac.....80 drops.
Lithiated Hydrangea.....8 ounces.

M. Sig.: Teaspoonful four times daily.

If any elevation of temperature, add a little aconite to above.—ED.

Persistent Night Sweats.

A patient having had night sweats persistently for about sixty consecutive nights would like to know what best to do to relieve this condition. L. H. W.

St. Louis.

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[Written for the MEDICAL BRIEF.]

The Treatment of Psoriasis.

BY ARNOLD EDWARDS, M. D.,
Honorary Surgeon to the Charlton-upon-Medlock Dispensary.
Manchester, England.

In psoriasis, the treatment of each practitioner, if other than empirical, will depend to some extent on the view which he takes of the causes of the disease. All are agreed as to the extreme value of the local treatment. For the older writers the internal treatment of psoriasis was everything, for the modern authors it is, so to speak, nothing. Even those who look upon psoriasis as a neurosis lay stress on local remedies for the purpose at least of clearing the skin, but those who hold to the view of its microbic origin lay equal stress on their continuance as an after-treatment in the hope of finally extirpating the germs.

First of all, is it necessary to order any special diet in a case of psoriasis? Generally speaking, no. The diet should be such as will be best calculated to maintain a perfect standard of health, and the fancy dietaries insisted upon by some specialists are as useless as they are irksome to the patient. Exceptions are, however, occasionally met with. Several of my patients have been kept free from the eruption for long periods of time, simply by taking no meat or no more than a very little fish and the white meat of poultry. Attention must be paid to the clothing so as to avoid irritation of the skin, interference with perspiration and chilling of the surface. One sometimes sees such chilling followed by an outburst of the disease in a previously healthy person, and also by returns of the eruption in apparently cured cases. A warm and equable climate has often a most beneficial effect on psoriasis; removal to a higher altitude, also, not unfrequently conduces to cure. Sea-bathing is sometimes favorable, doubtless from its tonic action on the general system. I remember a case that had proved refractory to all other treatment, quickly getting well after a course of sea-bathing.

Let us now consider the question of constitutional treatment, which is un-

doubtedly a useful adjunct to the local applications. Of internal remedies, arsenic stands easily at the head of the list. It has so frequently been proved to be of the greatest service that it should be selected in preference to any other drug, and only after it has been found to fail is the physician justified in resorting to other agents. It must be commenced in small doses, say two or three minims of Fowler's solution freely diluted with water thrice daily after meals, and gradually increased to ten drops if no signs of intolerance manifest themselves. Evidences of the full physiological effects of the drug should be carefully watched for; these are redness and irritation of the conjunctiva and gastric and intestinal irritation. The dose should then be diminished, or suspended, for a short time. Intestinal irritability can, however, be subdued by opium. This treatment may be continued for many months, but should be stopped upon the removal of the eruption, as it is of no value in the prevention of recurrence. Arsenic, even in psoriasis, is not without its drawbacks. When the drug has been freely given, and especially if its administration has been long-continued, deep brown pigmentation is left not only at the site of the patches, but over a more or less extensive area of surrounding skin. Occasionally, also, thickening of the epidermis of the soles and palms results from its too prolonged use in large doses. The drug is contra-indicated when hyperemia is very marked; in such cases it does harm, intensifying the process, aggravating the itching and actually causing extension of the disease. In the more acute forms of psoriasis I often resort to vinum antimoniale, giving five to ten drops three times a day.

The method of action of arsenic is an uncertain quantity. Some consider that it acts as an oxidizing agent on the blood, others that it acts on the nervous system, while others again ascribe its influence to its power of dilating blood-vessels, and thus relieving the hyperemia of the lesions or of the irritated spinal ganglia, just as a mustard foot-bath relieves internal inflammations by "derivation." Subcutaneous injections act more quickly, and have given good results. Two drops of Fowler's solution may be given every day in a syringe full of water, and the dose gradually increased. If the injection be boiled immediately before use there is no danger of accident. I have never used the injections in psoriasis myself, for in other diseases I have not found them well tolerated.

Of the treatment of psoriasis by heroic doses of potassium iodide, I can not speak from personal observation. The recent reports show that this drug is worth trying, but there is not yet material for an expression of opinion as to permanent value, though the immediate effects appear to be striking. The advocates of the iodide treatment do not seem to be afraid of it. One daring individual has given up to two ounces daily.

The good result is probably to be attributed to the lowering effect of the drug on the general health, which seems sometimes to be accompanied by a subsidence of the disease.

Phosphorus is believed by some to possess a specific effect upon psoriasis. I have occasionally seen good results follow its administration in doses of one thirty-second grain in pill immediately after food.

Thyroid gland, which was introduced by Dr. Byrom Bramwell, has failed to establish for itself the position which he anticipated. It has cleared away the eruption, even in obstinate cases, but it works slowly, and it does not prevent relapses. My own trials with this feeding by extract of thyroid gland on out-patients were entirely negative. It may give some help, as it undoubtedly does in other skin diseases, but we do not know its special indications, and for general purposes it can not compare with other internal and external remedies. A friend of mine suggested thyroid extract in a severe and inveterate case of psoriasis in a male adult, with little hope of success, as previous prolonged and skillful treatment had failed. To his surprise the patient some months afterwards reminded him gratefully of the advice, for the extract had cured him rapidly and completely. There must be some difference in the genesis

in cases which behave thus differently under treatment.

Chrysophanic acid or chrysarobin has been given internally with advantage, but it often produces violent vomiting, griping and diarrhea, even in doses as small as an eighth of a grain in pill. I have seen benefit from it, and believe it worthy of trial in those cases of psoriasis guttata where its external application is impracticable. Where it can be applied freely to large scaly patches, its internal use is unnecessary.

I have, also, found salicylate of sodium of considerable value, especially in the period of active development and in hyperemic cases.

If symptoms of nervous disorder be present, nerve sedatives, such as bromide of potassium, bromide of sodium and hydrobromate of quinine, may be useful; these and similar drugs are recommended as part of the regular treatment of psoriasis by those who hold that the disease is a neurosis.

Turning now to the local treatment. There is nothing more specific among the external remedies for psoriasis than among the internal; and it would be useless to try to enumerate all the numerous drugs and recipes for their application which have been tried and recommended by different writers. It is better to indicate a method of selection in the remedies we employ rather than to catalogue a bewildering mass of formulæ; for more of the failures to attain results are due to the inefficient and indiscriminate use of remedies than to the inefficiency of the remedies themselves. This is especially the case in the treatment of a diseased condition like psoriasis, which varies little in its characters, and can not be well said to have "stages" in its progress, as in eczema. It is a great mistake to begin with a local application and before it has had time to act, change it for another, and so on through the progress of the disease. Selecting one remedy, it will be much better to stick to it all through till experience proves that it is not likely to give satisfactory results. Life is too short to attempt to gain an experience of the result of every special application, and it requires years of patient watching and observation to thoroughly master all the minutiæ required in the successful use of a remedy.

Our first endeavor in local treatment should be to remove all scales, so that remedies may be applied directly to the affected part. For this purpose free application of hot water and soft soap, more or less prolonged immersion in tepid water or an alkaline bath or inunction with oil or vaseline is necessary in order to soften and loosen the scales. Each patch must be dealt with separately, and the process of clearing the surface must be thoroughly carried out. In many cases, unless the disease is very chronic, I have used to lessen the hyperemia and to remove scales an ointment composed of kaolin one part, starch one part and paraffinum molle two parts, to which base two per cent each of glycerine of lead acetate, liquor carbonis detergens and salicylic acid are added at first, and the quantities gradually increased. The base has the advantage that it does not dry and rub off as do the thinner ointments. A six per cent solution of salicylic acid in spirit, well rubbed in, will be found effectual in removing the scales in old patches. A valuable means of getting rid of thick, dry and hard scales is to anoint the part with a ten per cent salicylic acid ointment after the affected area has been well soaked in a bath containing sulphide of calcium—the sulphur appears to assist the desquamation. Having cleared away the scales, what is the next step? The particular remedy required must be judged of by the degree of intensity of the process. As a rule, it may be laid down that, as in eczema, soothing applications are indicated in acute and stimulating remedies in chronic forms. If hyperemia is marked the surface should be covered with strips of lint steeped in calamin lotion or smeared with olive oil or cold cream. Alkaline baths, made by dissolving five or six ounces of bicarbonate of soda in thirty gallons of water at a temperature of 100° F., often give great relief. When, however, the disease is less acute, no means can compare in brilliancy of action in chrysarobin. The ease and safety with which in some cases this drug causes the lesions to disappear, unfortunately leads to its

routine employment in cases of every degree; whereas it ought never to be used while the disease is acute, and, at first, always experimentally. The patient should be warned beforehand about its staining properties and the danger of setting up conjunctivitis if it should touch the eyes. The staining of the clothing is indelible, and too many patients are allowed to gain their experience of it exhaustively by the loss of much fine linen and the gain of much unwished for purple raiment. Besides the above disadvantages and the fact that chrysarobin dyes the skin, the hair and nails bright yellow, it has a more serious drawback in its irritating effect on the adjoining healthy skin. It may set up erythema of an acutely inflammatory form, with itching and swelling. For this reason, it is chiefly suitable for the limbs and parts of the trunk away from the neck and genitals; it must never be used on the face or head. Finally, it may even change the disease into pityriasis rubra. The drawbacks attending the use of this powerful agent may be avoided by combining it with "traumaticin." This is made by dissolving one drachm of pure gutta-percha in ten drachms of chloroform; to this one drachm of chrysarobin is added. This preparation is, after the removal of the scales, painted over the affected surface, where it forms a thin varnish, which should be renewed every two or three days. "Salve-sticks," also, are a good form in which to employ chrysarobin. Medicated plasters containing the drug are often valuable for large patches of the disease. Even by adopting these methods of application, one can not call chrysarobin quite perfect, and endeavors are continually being made to discover an agent as quick and trustworthy without its disadvantages.

Tar is another local remedy, which has a high place in psoriasis among skin therapeutists. One way of carrying out the tar treatment is to make the patient lie in a warm alkaline bath for thirty to sixty minutes, during which time he may apply gentle friction by a piece of soft flannel or by a soft brush to scaly patches till the epithelial products are removed. After coming out of the bath and getting dried, he should roll himself up in a blanket till the cuticle loses its retained moisture, after which a tarry preparation may be freely rubbed in. The patient should sleep in his tarry underclothing. The unguentum picis liquidæ of the British Pharmacopœia is commonly used, but two drachms of liquor carbonis detergens to the ounce of lanolin is a less objectionable ointment, or the liquor may be mixed with spirit lotion, one in ten, which can be applied upon lint and covered with oil-silk, or it may be brushed in its full strength over the spots and allowed to dry.

Juniper tar is a still more agreeable preparation. It may be mixed with oil or used as an ointment (one part to four of spermaceti ointment) or mixed with an equal quantity of yellow wax, and applied with the aid of heat.

Pyrogallic acid is the last drug, the merits of which in psoriasis, I purpose to discuss. This is, undoubtedly efficacious, but its use is not without danger, and two fatal cases have been reported. Fifteen to twenty grains per ounce is perfectly safe and unirritating, but it should not be applied to the entire body, as its absorption may give rise to fever, strangury and melena. It stains black or dark-brown, but weak ointments may be safely applied to the head and face.

A word or two as regards the after-treatment. Few patients have any conception of the thoroughness which is essential to a bacteriological disinfection in a structure so full of harbors as the skin, but even those who have persevered for a time are finally lulled into a feeling of false security, and very naturally want to give themselves a holiday, during which the disease regains its hold. The only way to attain to a perfect result is to persevere until every sign of the disease has vanished. The treatment towards the termination of a case of psoriasis should be analogous to the process of weeding a garden; if even a single papule reappears on the surface of the dermal soil it must be at once "weeded out." Psoriasis is extremely liable to recurrence; thus, although we are not justified in saying definitely that the disease is incurable, for cases have been absolutely cured,

it is obviously impossible to promise the patient anything more than a longer or shorter period of freedom from his eruption. Practically in every case, however bad, the skin may be cleared if the medical attendant show sufficient skill and experience, and the patient sufficient confidence and determination, and can give the necessary time and attention. But even the serious patient may well be sympathized with, if at times he loses heart and neglects his never ending treatment and precautions, although without them there is little hope of cure.

[Written for the MEDICAL BRIEF.]

The Dietetic Treatment of Typhoid Fever Cases.

BY WILLIAM MURRELL, M. D., F. R. C. P.,
Physician to the Westminster Hospital,
London, England.

There is a growing belief that the dietetic treatment of cases of enteric fever might be improved with advantage. The orthodox custom at all our large London hospitals has been to resort to "two hour feeds," that is, the patient has three pints of milk in the twenty-four hours, divided into "feeds" of five ounces every alternate hour. The milk is the milk as it is received from the milk man; it is as a rule supplied by contract, and I do not know that any particular inquiry is made as to its purity or nutritive value. If the patient has much diarrhea it may be mixed with one-fourth lime water, and possibly if it is not readily assimilated it may be peptonized. This method of dieting is kept up during the whole of the illness, and nothing in the shape of solid food is allowed until the patient has had a normal temperature for ten days. That the results are good, and that the mortality is extremely low, must be freely admitted. Who instituted this code it is difficult after the lapse of so many years to say, but it probably originated with the eminent French physician Trousseau. How far it may be departed from, with safety, is a question which of late has received a good deal of attention. In 1897 Dr. A. G. Barrs, in the *British Medical Journal*, opened up the whole subject, and still more recently Dr. R. W. Marsden, the Medical Superintendent of the Monsall Fever Hospital, has published the results obtained in two hundred unselected cases of enteric fever, in which a more liberal dietary was allowed.

Acting on this suggestion, I have of late departed from the rules hitherto laid down for our guidance, and I am sure with advantage to the patients, especially in the direction of shortening the long period of convalescence. I am sure it is useless to adhere too strictly to any time limit, and that the best indication for the administration of a more liberal dietary is the demand for it on the part of the sufferer. When the patient says he is hungry, and wants something to eat, it is a pretty good sign that his digestive powers are in process of restoration, and that solid or semi-solid food is not likely to disagree with him.

I have recently had under my care at the Westminster Hospital a case of enteric fever of three months' duration, in which a persistently febrile temperature was maintained, and in which the adoption of a more liberal scale of dietary afforded the first indication of improvement. The case is so suggestive that I transcribe the notes in full:

C. S., a clerk, aged twenty-eight, was brought to the hospital in an ambulance on November 18, 1899, suffering from enteric fever. He had been ill since November 1st, and had been nursed at home. On admission his temperature was 103° F., and he was in an extremely prostrate condition. No enteric spots were to be seen, and none appeared during the whole course of his stay in the hospital. No enlargement of the spleen could be detected, and although he had been a heavy drinker, the liver was normal in size.

At eight P. M. on the night of admission the temperature was 103.6° F., and he had passed a typical typhoid stool. The urine had a specific gravity of 1024, was acid in reaction, and free from sugar and albumen. Widal's reaction was obtained without difficulty. The patient was placed on three pints of milk, five ounces every alternate hour.

On the 21st the temperature fell suddenly to 99.8° F., and a few hours later there was a profuse hemorrhage from the bowel. During the following week the temperature ranged from 102° to 104° F., and the patient remained in a semi-comatose condition, with occasional attacks of delirium. The bowels were open either once or twice a day, the motions being of the same character. He was now on nine ounces of brandy in the twenty-four hours. On November 25th he was found to have some bronchitis, but there was no pneumonia. There was some expectoration, which was examined for tubercle bacilli, but none were found. On December 3d—that is, on the thirty-third day of the illness—he had a sharp attack of diarrhea, and for the remainder of the week had from two to seven motions a day. The temperature rose from 104.8° F., and he had to be sponged two or three times a day. His pulse was usually one hundred and thirty, and of poor quality, and his general condition was unsatisfactory. On December 6th, 7th and 8th he was given an enema of two ounces of mucilage of starch with half a drachm of tincture of opium. This was retained, but exerted no influence on the frequency of the motions. On December 9th he was ordered drachm doses of bismuth carbonate in milk, and this checked the diarrhea. During the following week the temperature ranged from 102° to 103° F., and the bowels were open from four to six times a day. In the next week the temperature was slightly lower, and the motions were less frequent. There was, however, no improvement in his general condition, and he was evidently steadily losing ground. The only hopeful feature was that the three pints of milk and nine ounces of brandy were taken with unfailing regularity.

On Christmas Day, the fifty-fifth day of his illness, he was watched with unusual care to make sure that nothing was given him by visitors to the wards. On the following day, however, his temperature rose to 103.2° F. At noon on December 27th it was 103.4° F. At four P. M. he was given five grains of phenacetin. An hour later the temperature had fallen to 101.4° F. At eight P. M. he had a severe rigor lasting over half an hour, for which stimulants had to be given freely; the temperature fell to 100° F., rising again to 102° F. at midnight. On December 28th, at four P. M., the temperature was 103.2° F., and he was given another dose of phenacetin, five grains. This was followed by a prolonged and very severe rigor, and at eight P. M. his temperature was 96° F., a fall of 7.2 degrees in four hours. At midnight, however, the temperature was 104.2° F., showing a recovery of 8.2 degrees in four hours. On January 1st, the sixty-second day of the illness, diarrhea returned, there being from six to ten motions in the twenty-four hours. Again the starch and opium enema proved useless, and again drachm doses of bismuth carbonate were successful. On January 8th the patient was in an extremely critical condition, and he was given champagne freely in addition to the brandy. Strychnine and digitalis were also administered from time to time. His temperature ranged from 102° to 103° F., his pulse was almost imperceptible, and the motions were passed constantly under him. For many days he had been unconscious, only muttering to himself at intervals. He was given an enema of two drachms of Warburg's tincture in an ounce of milk, but it was not retained. On the following day two drachms were given by mouth, and there was some improvement. On January 11th Warburg's tincture was ordered in doses of three drachms twice a day, and almost immediately the diarrhea was controlled, the temperature fell to 100° F., and the pulse improved in quality.

On January 13th a more liberal dietary was adopted, and the patient was ordered, in addition to his milk, a teaspoonful of Plasmon every alternate hour. This was taken without difficulty, there was no rise in temperature, and the bowels were moved only once in the twenty-four hours. This was practically the turning point in the patient's illness. The Plasmon was continued for a week, and at the expiration of that time the patient was given solid food. It was not, however, until January 20th, the eighty-first day, that the temperature fell to normal.

From this day his appetite became ravenous, and on January 23d his dietary consisted of chicken and potatoes, beef tea (twelve ounces), bread, four eggs, custard pudding, Plasmon (six ounces), milk (ten ounces), brandy (four ounces), and port (four ounces). He was allowed up for the first time on February 8th, the one-hundredth day of his illness, and he subsequently made a complete recovery.

The duration of the case is remarkable, especially when it is remembered that it was not a question of relapse, for there was never any complete defervescence. It was not an example of post-typhoid pyrexia, for the diarrhea, with typical typhoid stools, continued almost up to the end.

The Warburg's tincture was undoubtedly useful in controlling the diarrhea, at a critical period of the disease, but the turning point in the main illness was the adoption of a more liberal dietetic treatment. What should be given under these circumstances is a matter respecting which there must be much difference of opinion. The great thing is to find something which is easily digestible, which will not irritate the intestines, and which has great sustaining power. Another point is that it must be palatable, and easy of administration. The white of egg, broths, jellies, sago, custard, and many others have been recommended, and all are useful. My best results, however, have been obtained with Plasmon. It is an albumen preparation made from milk from which the fat has been removed. It consists of the unaltered albumin of milk with eight per cent of mineral salts, chiefly phosphates. It is a light, friable powder, free from odor or taste. It is soluble in milk, and in water, and a teaspoonful of the powder added slowly to a quarter of a pint of lukewarm water, milk or broth, and then placed over the fire and stirred makes a perfect solution. In enteric fever cases I give a teaspoonful in milk every alternate hour. When the temperature reaches the normal, I usually give it in the form of a custard made with milk and eggs, and baked slowly in the oven.

Apart from the dietetic treatment this case presents many features of interest. An enema of opium is useful in checking many forms of diarrhea, especially the diarrhea of advanced phthisis, but it is useless in the diarrhea of enteric fever; at all events in this case it proved of no avail. The carbonate of bismuth in drachm doses administered in milk gave excellent results, probably by its mechanical action, in covering over and protecting the ulcerated Peyer's patches. The maximum dose of bismuth carbonate given in the *British Pharmacopœia* is twenty grains, but this is far too small, and there is not the slightest danger in giving drachm doses or even half-ounce doses. At one time this salt contained traces of arsenic and tellurium—indicated by the "bismuth breath"—as impurities, but this is a thing of the past, and the drug is now supplied in a condition of perfect purity, so that it can be administered freely, without fear of producing toxic symptoms.

Many authorities speak highly of the value of antipyretic drugs in the treatment of enteric fever, and when the temperature persistently remains above 103° F., recommend the administration of phenacetin. Phenacetin, especially in from ten to fifteen-grain doses, is said to be free from danger, but this is not my experience, and in this case on two occasions, a single five-grain dose produced a condition bordering on collapse, and undoubtedly endangered the patient's life.

Another point of interest is the amount of alcoholic stimulant administered in this case. For nearly two months the patient took over three pints of brandy a week, with a very fair allowance of champagne and port. I am convinced that without the alcohol we should never have tided him over his illness. Of the quality of the brandy administered I know nothing; probably it was good of its kind, but not the best. In private practice I should have adopted the hint given by Dr. Wm. Murray, of Newcastle-on-Tyne, in his *Rough Notes on Remedies*. and ordered liquor brandy made from the finest grape, known as the champagne grape, grown in the Charente (Cognac) district. This old brandy is a most valuable remedy in cases of extreme exhaustion, when the patient is sinking, and food and ordinary stimu-

lants are not assimilated. Fine old brandy is difficult to obtain, even in London, but specimens of the 1826 and 1828 vintages are still procurable, although of necessity they command a very much higher price than the product usually sold under the name of brandy.

[Written for the MEDICAL BRIEF.]

Chronic Rheumatism.

BY FLOYD CLENDENEN, M. D.,
La Salle, Ill.

Dr. C. P. Cooley's case of chronic rheumatism can be readily cured if the lady will drink large quantities of sweet cider daily. Pure apple cider just from the press is what we mean, and the quantity to be taken daily is only limited by the patient's capacity to hold it. If she could drink two gallons each day so much the better. We do not mean that the patient should take an occasional glass of cider, but we mean that she shall drink large quantities of it every hour or two. Drink it by wholesale all the time, the more taken the better. A large quantity to be taken each day is absolutely necessary, and it will cure in a week or two.

Give:

℞ Salicylic Acid—Pure Yellow Crystals..... 8 drachms.
Powdered Gum Acacia.....1 drachm.
Mucil. Acacia.....q. s.....

Mix well and dry so as to make into fifty capsules, give two each two hours.

This will not nauseate, and will relieve pain in a short time, and is much safer than the usual preparations of salicylic acid, as the gum arabic protects the mucous membranes from the salicylic acid, which is perhaps the quickest remedy known for relief of acute or subacute rheumatism, but is of little benefit in the chronic form. When pain is severe we inject, hypodermically, a half grain of morphine with a little atropine into the back of the arm above the elbow. The first thing a doctor should do when called to a case of rheumatism is to relieve the pain as quickly as possible. But be sure to keep the bowels open.

[Written for the MEDICAL BRIEF.]

Menstruation.

BY BYRON ROBINSON, B. S., M. D.,
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Chicago, Ill.

(Continued from page 1005.)

The endometrium is an organ which functionates only during a limited portion of the individual life. It is active during reproductive life. It lives during woman's seed time and harvest. At other times it is in the formative or degenerative state. It is called the menstrual organ by some. The endometrium may be studied in the following states:

- ENDOMETRIUM.
  - Resting state.
    1. The fetal and childhood state.
    2. The puberty state.
    3. Intermenstrual state.
    4. The lactation state.
    5. Climatic state
    6. Senile state.
  - Functional state.
    1. Menstrual state, decidua menstrualis.
       - (*a*) premenstrual.
       - (*b*) intramenstrual.
       - (*c*) postmenstrual.
    2. Pregnant state, decidua graviditatis.
    3. Puerperal state, decidua puerperalis.

Practically, there are three elements to consider in the endometrium, viz.: (*a*) cylindrical epithelia lining, the whole endometrium and utricular glands, (*b*) interglandular stroma consisting of embryonal oval cells with lymphoid corpuscles, and (*c*) ciliated epithelial cells which whip fluid streams distalward from utricular glands and cavum uteri.

No organ in the body experiences such profound changes, or is the seat of so many diseases as the endometrium

The anatomic base of menstruation is a periodic recurrent development of the endometrium.

The physiologic base is an automatic menstrual ganglion, ruling vascular territory in the endometrium.

Functional states of the endometrium: In man, aside from the formation of semen, the functional state is mainly limited to copulation. In women the functional state of the endometrium undergoes an extensive change and preparation for the reproduction act.

The various states of the endometrium require definite periods of time to complete their existence or natural history. Menstruation requires a month, gestation three-quarters of a year, while the periods of lactation and the puerperium are ess definitive. Also, there is a period of about eighteen months, during which a healthy woman, independent of sexual life, will reproduce children. The various states of the endometrium, as well as the corresponding changes in the pelvic organs and in the topographical anatomy of the pelvis, should receive attention.

The adult endometrium, physiologic and anatomic, should be studied in four stages, viz.: 1. Menstrual. 2. Gravid. 3. Puerperal. 4. Lactation.

The menstrual state of the endometrium includes three stages, viz.: (*a*) preparation (premenstrual phase), (*b*) hemorrhage (intramenstrual phase), and (*c*) regeneration (postmenstrual phase).

By menstruation is understood the regular periodic flow of blood and mucus from the uterus. Menstruation characterizes the adult sexual life and the period of reproduction in women. The life of woman might be divided into premenstrual, menstrual and postmenstrual periods. The transition from the premenstrual to menstrual is the age of puberty. The change from menstrual to postmenstrual is known as the climacterium. The change from one period to the other is gradual, but especially is this the case in changing from menstrual to postmenstrual life.

The endometrium during menstruation presents numerous changes. The menstruation process may be divided in four phases, viz.: (*a*) the premenstrual, (*b*) the intramenstrual, (c) the postmenstrual, and (*d*) the intermenstrual. I shall allot five days for the premenstrual phase, five days for the intramenstrual phase, five days for the postmenstrual phase and thirteen days for the intermenstrual phase, *i. e.*, the resting state. From the entrance of one menstruation to that of another is twenty-eight days. The division of the menstrual process into various phases aids to comprehend its details.

The endometrium plays a never ending rhythmical wave during the entire menstrual life. The bloody secretion is but a short five-day segment of the twenty-eight-day rhythmical wave. The changes in the endometrium produced by the monthly fluxion is not universally acknowledged. There are two theories extant, viz.: (*a*) the one is that the endometrium desquamates its superficial epithelia during menstruation, (*b*) the other is that no shedding of the epithelia occurs.

Much of the variation of opinion in regard to the changes occurring in the endometrium during menstruation depends on the condition of the material examined by different investigators.

For example, some use more or less solid portions curetted from the uterus, at various phases of the menstrual period. Others use the material obtained from the recent cadaver. A third class use the material of recent hysterectomy. Finally, the material from patients dying of fever has been employed. The mucosa will show different conditions from the above four different conditions of material. The author's investigations, together with the results of many others, would differentiate the following four phases of menstruation:

The premenstrual phase, or the premenstrual congestion some five days before the menstrual flow appears, the mucosa begins to swell with dilatation of its capillaries and dilatation and elongation of its glands. Through transudation and exudation the mucosa becomes softened, the meshes of the stoma become filled with amorphous material, and later the constituent parts of the blood, as white and red corpuscles and plasma. The myometrium shares in the swelling of the mucosa. At this stage of congestion the superficial epithelia of the mucosa form the "decidua menstrual," however, it is acknowledged there is no genuine decidual cells. With the desquamation of the decidua menstrualis is accompanied a blood transudate from the subepithelial tissue, which, according to some, is not ruptured capillaries, but the migration of blood corpuscles.

The transudation of blood into the tissue of the mucosa causes a disturbance in nourishment and destruction of the superficial epithelia of the mucosa,

inducing desquamation, which is followed by hemorrhage. Again, this acute stage of congestion, in which the ruptured capillaries allow the blood masses to collect increasing quantities, leads to extensive blood infiltration in the subepithelial tissue. The infiltration approaches more and more the epithelial surface, and collects into blood masses, or subepithelial hematoma. Whether the blood collections in the subepithelial tissue immediately beneath the superficial epithelia of the mucous arose from ruptured capillaries or migration of corpuscles from the capillaries, the rupture and passage of the blood through the superficial epithelia of the mucosa is the same—it results in the menstrual flow. The premenstrual phase consists in nidation—in nest-forming. This phase is accompanied in many subjects by a hypersecretion (leucorrhea) of the utricular and cervical glands. The cervical glands share in any phase of menstruation by an increased secretion. This phase shows, microscopically, irregularly dilated, elongated and sinuous glands filled with fluid, mucus and desquamated epithelia. The interglandular stroma is swollen, edematous and filled with transuded fluid containing red and white blood corpuscles. The whole uterus swells about five days in the premenstrual phase.

The premenstrual phase plays its chief role in the corporeal mucosa. It is doubled in thickness in this phase, intensely hyperemic. The capillaries and veins being filled almost to the bursting state.

The swelled thickness of the endometrium is due to vascular congestion, a growth of round cells and interglandular tissue, with dilatation and elongation of the utricular glands. Also, numerous leucocytes wander in the mucosa, and it is edematous with fluid.

The intramenstrual phase consists in a flow of blood from the external genitals. The blood arises on the surface of the mucosa by three methods, viz.: (*a*) the turgid mucosa allows the corpuscles to pass between the intact superficial epithelia. (*b*) The superficial epithelia becomes universally desquamated, allowing general escape of blood from the subepithelial tissue. (*c*) By means of local ruptures of capillaries of the superficial epithelia of the mucosa the blood gains the surface. Local apoplexy occurs in the mucosa. The superficial epithelia of the mucosa is forced from the subepithelial tissue by the increasing tissue hematoma. After forcible localized location the superficial epithelia of the mucosa from the subepithelia tissue, and rupturing it the blood escapes, and the fragment of superficial epithelia of the mucosa returns to its original site. If the subepithelial tissue hematoma be large it may force off or desquamate a large piece of superficial epithelia, which may be found in the menstrual flow as the fatty epithelial mass. Under the microscope the intramenstrual endometrium shows irregularly dilated, elongated and sinuous glands filled with blood, mucus and desquamated epithelia. The surface of the mucosa is universally covered with blood corpuscles, mucus and desquamated epithelia. The interglandular stroma is swollen, edematous contains localized subepithelial tissue hematoma and plasma. The superficial epithelia of the mucosa shows irregular, circumscribed patches of desquamation and fragments where the subepithelial tissue hematoma ruptured it. The whole uterus remains swollen for the entire intramenstrual phase; only part of the superficial epithelia of the mucosa becomes desquamated.

In apes in menstruation a growth of interglandulæ tissue and blood-vessels can be demonstrated. The blood-vessels finally rupture, forming subepithelial tissue hematoma which, gradually increasing, approach the surface, and accidently rupture it, causing apoplectic hemorrhage. The intramenstrual phase of blood-flow continues about five days. It is denidation, destroying the nest, which received no ovum. Hyperglandular secretion (leucorrhea) may exist, but is obscured by the hemorrhage. As the intramenstrual phase subsides, the bleeding rapidly ceases, and mucous secretions appear to increase until it suddenly ceases.

It is quite well agreed by the majority of observers that only segments of the superficial epithelia of the endometrium become desquamated, and with round

cells become lost in a fatty metamorphosis. The destroyed portions of the endometrium become thrown off and carried away in the secretions, reabsorbed or removed by leucocytes. According to the author's microscopical examinations of the mucosa of the oviducts, the endosalpinx remains absolutely intact, but its recesses are filled and surface covered by mucus, and many white and red blood corpuscles.

The postmenstrual phase consists in the regeneration of the lost superficial epithelia of the mucosa. This may require a week, having individual variations. The hyperemia and edema of the mucosa gradually disappears. The hematoma or blood collections of the mucosa and subepithelial tissue becomes absorbed or destroyed, or shrinks to a yellow, brownish mass, which ultimately becomes absorbed. The desquamated tissue becomes regenerated, and new superficial epithelia of the mucosa and glands appear. The torn or apoplectic fragments of the epithelia of the mucosa partially reunite to the subepithelial tissue, and the mucosa enters the resting phase. Hyperglandular secretion (leucorrhea) frequently exist. The irregularly dilated, elongated and sinuous glands return to normal, and the interglandular stroma loses its swelling, edema and transuded fluids. Nidation is again in progress. The swollen uterus remains some five days after the cessation of the menstrual flow. All agree that regeneration, of lost epithelia, is a rapid process, the mucosa quickly assumes its former size, and the glands and vessels become normal for the intermenstrual phase.

The intermenstrual phase consists of the whole resting period of the endometrium. It may be rarely disturbed by the so-called "intermenstrual pain." In this phase the myometrium, the perimetrium and the endometrium are perfectly at rest, with no hyperemia, no hemorrhage, no edema, and no swelling. No hypersecretion (leucorrhea) of utricular or cervical glands exist. The glands, utricular and cervical, assume their normal caliber and length and sinuosity, and contain a minimal quantity of mucus and desquamated epithelia. The uterus swells for some (premenstrual) five days, remains swelled for five days (intramenstrual), its swelling subsides for five days (postmenstrual), and remains in *statu quo*, or the resting phase, for some thirteen days, *i. e.*, its mucosa is resting about half of the time. A summary of the changes of the endometrium during menstruation indicate that a general desquamation of the superficial epithelia does not occur. It becomes ruptured locally by the increasing subepithelial tissue hematoma. The endometrium is at no phase of menstruation robbed of its general superficial epithelia. An active regeneration of the superficial epithelia and glands occur to prepare nidation for the coming ovum. Young epithelia is required to gestate the ovum. The cervical mucosa shares in the menstrual phases only by an increase in its secretion. The menstrual process is intimately connected with the whole physical and psychical life of woman. The different phases of menstruation are accompanied by their peculiar psychical characteristics.

[Written for the MEDICAL BRIEF.]

Circumcision.

BY JOHN DIXWELL, M. D.,
Boston, Mass.

The article on circumcision in June number, page 854, contains statements which are utterly contrary to my experience. The irritable, unhealthy glans is the one which the horseback riding described could trouble. So the rubbing of clothing.

The suggestion that a vagina could be easier entered by a penis with a long foreskin than any other is not rational. That an uncovered glans is not sensitive enough for all use in this troublesome world is easily disproven.

That the "Lord made it so," is equally wise as an argument as to say that the Lord having made "filth" of all sorts, it should be allowed to remain on or in our bodies, not removed.

Circumcision, or forcible retraction and retaining the foreskin behind the corona, is best for humanity in every way in my opinion, founded on twenty-seven hard years of full experience in varied practice.

[Written for the MEDICAL BRIEF.]

Malaria.

BY S. SCRUGGS, M. D.,
Hastings, Neb.

I find in a very popular, scientific medical journal the following extract, which I hope you will reproduce for the benefit of many readers, who, like myself, are anxious to learn all they can concerning the subject—malaria:

"The technique of examination for malarial parasites is described by Woldert, and the products which may lead to error in the diagnosis are mentioned. They are: The refractive bodies seen in the red corpuscles, the karyokinetic figures of the leucocytes, and the vacuoles and products of blood disintegration." Now that makes the whole subject look so simple that any of us common doctors can understand it, and need make no mistake in diagnosis. Heretofore we have frequently been in doubt as to the nature of a case on hand, but hereafter we need only to remember what Woldert says about it and there is no trouble. We should all be thankful to live in the same generation with this great man who makes these difficult problems so easily understood that a mistake is impossible. I am afraid, however, that when some of the "paths" get this information they will monopolize the practice in malarial districts. I have not had a case of malaria since I read the article, and consequently have not yet had an opportunity to compare the malarial parasites with the "karyokinetic figures of the leucocytes," but I have no doubt that a skillful man could easily distinguish them, and by careful manipulation get the parasite in a position near, or against a bone, and either kill it outright, or so disable it that the patient would be relieved.

If this treatment succeeds, it will be hard to find a patient who is willing to submit to regular treatment and take quinine a month or so. And this reminds me that I saw in the same journal a short article giving a synopsis of a report of the German malaria expedition conducted by Professor Koch. The Professor has made a wonderful discovery—one that will not share the fate of his cure for consumption. He announces that he has found a sure cure for, as well as a preventive of, malaria.

He assumes that malaria is restricted to man, and believes that his remedy will exterminate the parasites, and thus absolutely eradicate the disease from the face of the earth, and thereby put the mosquito out of business.

And what do you suppose this infallible remedy is? Quinine. It may be that this great discovery, made by one of the greatest discoverers on earth, will not surprise any of your readers, unless it be Dr. Brodnax. Indeed, when I first read the notice of his report I felt sorry that the Professor had not written me before he started. I could have saved him all the worry, exposure, anxiety and expense incurred during the trip, by referring him to hundreds of BRIEF readers in this country who have known for at least twenty years that quinine, properly administered, will effectually cure and prevent, malaria in all its curable forms.

The plan pursued by Professor Koch is: Give the patient quinine daily until the fever fails to recur, and then give about fifteen grains every seventh day for eight weeks, or until there are no parasites found in the blood. The method I use, and which I found in a medical journal (the BRIEF, no doubt,) years before I ever saw anything written about malarial parasites or "karyokinetic figures of the leucocytes," is the same as that employed by Professor Koch, except that I continue the quinine only four weeks, and then do not look for parasites because I am sure that before reading Woldert's very lucid explanation I could not appreciate the difference between a malarial parasite and a "karyokinetic figure of a leucocyte."

In some cases, in which a good iron tonic appeared to be indicated, I have given, during the intervals between quinine days, with great benefit, a nitro-muriatic acid iron mixture so highly recommended by Dr. Brodnax.

After thinking the subject over I am really glad that the Professor did not ask my advice before he started on the expedition, because I can see now that,

coming as it does from the most distinguished "bug hunter" in the world, the plan will be accepted and practiced almost universally, while if the man who originated the treatment (no doubt a country doctor) had published it in all the medical journals of the country, it would have died as it did before.

[Written for the MEDICAL BRIEF.]

Insomnia.

BY ROBERT C. KENNER, M. D.,
Louisville, Ky.

There is nothing which more effectually saps a patient's strength than the inability to sleep. If in the course of fevers, or any other acute or chronic disease, we allow our patient to go without adequate sleep, we shall find that the patient will become progressively weaker. In nervous diseases this symptom is to be especially dreaded. The question will naturally be asked by the reader: "What have you to offer in the way of treatment that is new or good?" Replying to this question, we shall say that our treatment has been well tried, and that it affords the most rational course open to the profession. We do not write to laud some new hypnotic, but to lay a simple and effectual treatment before the profession.

In the first place, all patients who suffer with insomnia must have baths with regularity. We advise our patients to have a bath of twenty or thirty minutes' duration every night just before going to bed. When, however, insomnia is associated with typhoid fever, or any other acute disease, I have the patient bathe every six hours. These patients should be bathed in tepid water. Along with systematic bathing must go the regular administration of a nerve tonic—an agent which exercises a toning and equalizing effect upon the brain. In fulfilling this important demand we had secured the best results from Daniel's Con. Tinct. Passiflora Incarnata. Its action is prompt, and it does not tend to produce the drug habit. Nearly all of the so-called hypnotic remedies will produce drug addiction.

Daniel's Con. Tinct. Passiflora Incarnata is a concentrated tincture of passion flower, and while it is most valuable as a tonic to the nervous system, and in this way induces natural sleep, it never creates drug addiction. In no case have we ever seen the least nervousness following upon the leaving off of this agent. We give this remedy in doses of a teaspoonful every three hours. And where there is a great deal of restlessness, the remedy can be given in larger doses or with greater frequency. The physician has considerable latitude along this line of dosage, as the remedy is not in any sense poisonous.

[Written for the MEDICAL BRIEF.]

The Scientist's Blessing.

BY HERMAN E. KITTREDGE,
Washington, D. C.

O Nature! Mother of all that was, is, or is to be!

Linked eternally in thy planless, ever-changing cycle—sharing the wants and needs of all that thou hast made to feel that mystic spell called life—we, thy loving children, gather 'round this board.

No vain and empty wish is ours. We ask for nought but that which we ere long must be. And these good things thou givest we will bless.

Bless these proteids, rich with love—these brave and potent molecules that, touched by the magic leucocyte, have thrilled the veins of heroes on many a gory field!

Bless the fats, that scorn at winter's blasts—that hold in clustered spheres the germs of art—the rapturous curves of Venus' form—of billowed breast, with rise and fall more beauteous than the ocean's swell when the first glad rays purple the gates of morning.

We bless the carbohydrates—bounteous offerings of earth and air; the starches, in whose faultless grains are stored the actinic kisses of a hundred suns! And we praise the sugars that would, with bubbling laughter, mingle the smiles and tears of summer in liquid mirth.

[Written for the MEDICAL BRIEF.]

Marriage.

BY BRUNO WILKES, ESQ.,
Chicago, Ill.

As to the question whether the married state is a failure, or the opposite, depends very much on the temperaments of the two persons who have elected to live out their whole lives in each other's company. Marriage, *per se*, is nothing more than a term of law, signifying the union of sexes. Animals and birds have no legal formulas; they simply mate, and "there's an end to't." This simplicity of arrangement, however, might not entirely do for the human biped. But, leaving that out, a little common sense and better judgment injected into the system of matrimony, might redeem a vast number of failures from the ranks of persons who wed every year. Too much ceremony and hypocrisy are the Nemeses of the human race. In all relations of this temporal existence we are hampered by this rule and that rule. Matrimony, being part of the scheme of our civilization, suffers with the rest. In the early days of our British ancestors, the art of choosing a consort was conducted in some respects in a more common sense way than at present. Tribes who possessed a love of their people looked to it that natural fitness, strength and honor governed selection. They desired these qualities, and, in order that they be perpetuated, those representatives of a tribe who possessed such qualities were united. No such rule governs civilized life; marriage has always taken place without any due regard for the fitness of the contracting parties.

Of course, in large numbers of cases, marriage is an unqualified success, constituting, as it does, a rock upon which civilization rests. But in too many instances is it a reproach and a byword. Men reeking in the vileness of hereditary or contracted disease woo and win some fair young maiden, and these, perhaps, in many cases lay the foundation of a miserable posterity, idiotic and befouled with a loathsome scourge. Thus do the sins of one generation vent themselves in unspeakable fury upon the next and innocent generation, through the iniquities of vicious selection, confirmed and legalized by the law of marriage. I believe that the infirm hospitals, the asylums for weak-minded children, would be minus half their wretched inmates if there was some pertinent law governing the holy state of matrimony. There would be less books like the "Green Carnation" written, and fewer poets of the Oscar Wilde stamp, to sicken and disgust the world. Licentious men and loose women, who inveigle the innocent and unwary away from the paths of rectitude, would be denied the privilege of marriage, and hounded from the precincts of decent society. Chivalry among men to women, which seems to have died a natural death in parts of this country where it once held such high favor, would be restored, and the marriage state regarded with some of the veneration that was formerly given to it.

American men and American women, standing side by side, are the grandest products of civilization; but how much more perfect this people might become if the inequalities of matrimony were regulated. In parts of Europe there is, in some districts, such a system of inbreeding by marriage that the inhabitants are deteriorating. The priests and the law officials sanction this with a view, perhaps, that the larger the zone of stupidity the greater their sphere of activity. But with fresh, red blood coursing through the veins of this vigorous new nation, the Americans are not a prey to such a false system. Our danger lies as indicated in foregoing paragraphs. Here the people, free and unrestrained, are apt to regard marriage too much as a convenience, and to lose sight of the great fundamental principles of love and fitness, which should always constitute a true union. Love one another is a prime requisite in a happy marriage. Without this, marriage is a farce, a bawdy nightmare. Such marriages never long endure; and the whole thing is a curse to the child whose mother is a divorcee or a grass widow. The father, after the manner of the male, looks arounds for other fish to fry—for, once divorced, marriage seems an easy thing; it is put on and off as the will dictates. Such marriages, it is unnecessary to state, are the worst sort of failures.

[Written for the MEDICAL BRIEF.]

Non-Penetrating, Penetrating, Contusive, Lacerating and Gun-Shot Wounds of the Rectum.

BY THOMAS H. MANLEY, PH. D., M. D.,
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New York City.

Accidental wounds of the rectum are of unusual occurrence, and *a priori* we would be inclined to regard them always as of very grave import, if our faith in the germ theory were unshaken, for how can infection be avoided in that passage daily flushed by the myriads of pathogenic and other germs?

But the fact is, in a healthy subject, superficial wounds in the anorectal outlet heal with equal facility with those situated in more salubrious situations.

This class of wounds or injuries is produced by direct violence. An example came under my notice several years ago when on hospital duty, as an interne. A boy of nine years was brought in by a policeman. The officer, late in the night, was startled by the screams of the child, who had been induced to consent to rectal copulation by an elderly man for a pittance of twenty-five cents. Both were arrested. The boy's anus was widely lacerated by double, deep rents, one extending backward in the direction of the coccyx and another forward. The hemorrhage was very free, though there was no incontinence.

In another case, a large, heavy man came home intoxicated and sat down, at the fireplace, on a decanter partly filled with liquor. He walked to the hospital, a distance of about half a mile. When he entered he was in great distress, and blood was flowing down the legs of his trousers into his boots. On examination it was found that the neck of the decanter had punched a hole in his trousers, entered the rectum and broken off. On the right side the sphincter ani was widely torn open. This gash gave issue to a large flow of blood. On inspection nothing could be seen of the glassware which he insisted was "driven into him."

Hemorrhage having been controlled, an exploration of the rectum was made, when up, within about an inch of the verge, the serrated, broken edge of the glass was felt. By the cautious insertion of a rectal speculum this was seized and readily delivered. When this was accomplished, he inquired if we had found the glass stopper?

This could not be detected by a casual digital examination, and as he was much collapsed, with no symptoms pointing to vesical or peritoneal puncturation, it was thought most advisable not to press the examination any further.

The wound in this, as in the preceding case, was cleansed, all bleeding controlled and aseptic dressings applied. On the third day an enema was given him, when he discharged with the fecal mass the broad, round-headed stopper of the decanter.

Many accidents have been recorded from the injudicious employment of rectal instruments, especially injection apparatuses, bougies and sounds.

A case came under my care for laparotomy last autumn, in which nearly a gallon of soap-suds and sweet oil had been forced through the sigmoid flexure by the long rectal tube.

Deaver has issued a warning note on the great danger of the long rectal tube in inexperienced hands.

Diffenbach, Chassaignac, Nelaton, and later, Nordmann, have each recorded cases of rectal perforation by the introduction of sounds and dilating bougies, these producing immediate rectal perforation, or so contusing the rectal walls as to promote later fatal perforation.

Some years ago a case came under my notice in consultation of rectal cancers in an elderly gentleman.

My advice was to excise the mass, as it was low down, but my friend who called me insisted that the stenosis was yielding well to dilatation. He then and there, in spite of my earnest protest, forced a heavy bougie upward. Immediately there was a large hemorrhage and great shock. The next day general peritonitis set in and carried away the unfortunate sufferer.

Sands has reported the case of a man whose rectum was widely perforated by a gutta percha bougie.

Parks and Moffatt note cases of fatal rectal perforation in rectal stricture by sounds, and Askton, of St. Bartholomew's, has published an instance in which the rectum was punched open by the point of a metallic syringe, and a pint of gruel forced into the peritoneal cavity.

Van Hook, Gott, Blick, and several others, record several interesting cases of extensive anorectal lacerations by the rectum being impaled on the horns of a bull.

THESE CASES FROM AN ANATOMO-PATHOLOGICAL STAND-POINT.

It at once became clearly apparent that an intelligent therapy can be instituted only by a correct knowledge of the parts involved in these injuries from the stand-point of structure and function. Here we must, at the outset, keep in view the wide anatomical distinction in the sexes, *e. g.*, a laceration forward through the rectum of the female would only open the vaginal canal; while in the male the urethra, the prostate or vesicular seminalis would scarcely escape injury. Moreover, we will note the structures involved, of all things, when the peritoneum of the bladder is opened.

Meckel notes the case of a man into whose rectum was accidentally forced a rod, which transfixed the bladder. Blood and urine freely flowed from the rectum, though the patient ultimately recovered. Myles, Gibbs and Bryant note similar cases, all making good recoveries.

Van Hook's patient, a farmer, fell from a tree, a piece of wood being driven into the rectum and becoming so firmly engaged in the sacrum that considerable force had to be employed to disengage it.

Valk's patient, descending a tree in haste, was caught by the end of a dead branch, which entered the perineum forward through the raphe; gas and feces freely issued through the wound for some days, but recovery was rapid and without complications.

In Hook's case the penetrating body entered the bladder and both walls of the sigmoid-flexures. In Lambert's the great omentum was penetrated; in Murrella's, the jejunum and liver; Poulton's, the psoas muscles; Heath's, the mesentery and ileum; Watson's, the diaphragm and anterior-mediastinum; in Chatterge's, two ribs were fractured.

Quenn and Branca have experimentally studied the mode of repair of the intestine after this class of perforative injuries of the lower intestine. They found that the mucous membrane offered the least resistance to contusive force; that it is the first to necrose, ulcerate and become detached, when we have essentially an artificial anus. When cicatrization commenced, it was noted that the epithelial layer was the first to regenerate, and later by a process of cellular infiltration there was a comparatively complete *restitutio ad integrum*.

ANO-RECTAL PENETRATION BY GUN-SHOT WOUNDS.

It is remarkable to note that a part of the fundament so deeply lodged as the anus should be ever penetrated by missiles.

Quenn says he only document of any importance on this phase of gun-shot wounds was prepared by the late Dr. Otis, "Medical and Surgical History of the War of the Rebellion." He recorded one hundred and three cases. In the Franco-Prussian war there were thirty-one cases. In Napoleon's campaigns Larrey saw two cases. In Otis', one hundred and three cases; forty-six times there was a concomitant fracture of the pelvis; four times of the coccyx. There were forty-four deaths. The late Dr. L. B. U. McLeod, of New York, personally related to me an experience he had in the draft riots of 1863. A police-officer who had been knocked down, in an effort to rise was shot from behind. At once he again fell, suffering great distress. He was immediately brought to his home. On examination no trace of a bullet wound could be found on any part of his body, but he was having rectal hemorrhages, and complained of severe colicky pains. Moderate peritonitis followed, which gradually subsided. Two days later he passed the bullet by stool.

On the morning of July 4, 1872, early, a young man was brought to the office of my late preceptor, Dr. Francis C.

Plunkett, of Lowell, Mass., who had been accidentally shot in the buttock and anus by the discharge of an old rifle.

The charge consisted of a wad of paper, grass and pebbles; it tore through the fleshy part of the left buttock, passing down through the verge and was impacted in the rectum.

The hemorrhage was large, and the young fellow was in marked shock. The wad was easily dislodged, but free sloughing followed and recovery was tedious.

Treatment—In all cases of injuries of the rectum the peritoneal, or extravesical, the treatment is comparatively simple. The parts should be thoroughly cleansed, all foreign substances removed and the parts be permitted to heal by granulation.

When the peritoneum is opened, or there has been a simultaneous fracture of the pelvic bones, the case is one of great gravity. When there is co-existing great shock, a deep explorating incision or a laparotomy is quite out of the question. We must secure calm and quiet, and when reaction is set in proceed on such lines as indications suggest.

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Cases Which Need Sleep.

Dr. A. H. Reading, Chicago, has had a long experience with Bromidia where a good hypnotic is called for. He says that nervous headache, nervousness from alcoholism, hysteria, epilepsy and similar affections of the nervous temperament, are much benefited by this preparation.

[Written for the MEDICAL BRIEF.]

Alcoholic Drinks.

BY LUIGI GALVANI DOANE, M. D.,
New York City.

As there seems to be a great deal of doubt as to the use of alcohol in any form upon applicants for life insurance. I think a few facts may prove of interest to your readers.

Alcohol has heretofore been considered as a food, and a few chemists claim that starch during the process of digestion is converted into alcohol. While the chemists may be correct, I believe that the amount found by them is very small, and would like to have the question settled as to its value as a food. Life insurance people now advance the opinion that it will *not* act as a food, but is only a heat-producing agent, devoid of food qualities. More than one examiner is of the opinion that habitual drinkers of it are not proper risks. As a temporary cerebral stimulant, and as a heart tonic and stimulant it possesses value in small quantities, but it soon loses its power if long continued.

A college poet of the olden days thus speaks in rhyme of alcohol, but when he wrote its action had not been studied, and it was not understood as well as it is to-day:

The man who drinks cold water pure,
And goes to bed quite sober,
Falls as the leaves do fall,
So early in October.

But he that drinks hot whisky punch,
And goes to bed quite mellow,
Lives as he ought to live,
And dies a jolly good fellow.

You may think from these lines that alcohol makes us mellow, but how about our livers, kidneys, and our brains? How about cirrhosis, Bright's disease, and the gastro-enteritis so often seen in the autopsy room.

Depend upon it there is no use to add fuel to the fire, when it is doing well enough, and there is no use to make brain and heart do extra work, when it has all the labor it is capable of doing.

As to beer and ale they are beyond doubt dangerous, *more dangerous* than millions of people imagine, and because being less rapid in action, excess is liable to result from their use.

[Written for the MEDICAL BRIEF.]

The Positive Indications for Removal of the Appendix.

BY EMORY LANPHEAR, M. D., PH. D., LL.D.,
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From an experience covering somewhat more than two hundred operations for appendicitis, and probably twice that number of other cases seen, but not subjected to operation—being without symptoms demanding surgical treatment—I have formed some very decided opinions.

Those relating to the indications for the substitution of surgical for medical measures may be summarized as follows:

1. Some years ago I noticed the frequency with which pyosalpinx of the right fallopian tube is associated with appendicitis. This combination so affected me finally that I adopted the rule: Always remove the appendix vermiformis in right salpingectomy. It is worthy of note that the characteristic signs of appendicitis are generally absent in such cases, being marked by or merged into those of the pelvic disease. The necessity for the adoption of what may appear to be too broad a rule (to remove the appendix in every right salpingectomy) was made apparent by the occurrence of appendical abscess, requiring secondary abdominal section, in several patients where merely the tip of the thickened appendix was adherent to the infected tube, and at the time of primary operation it was thought to be unnecessary "mutilation" to remove the appendix.

2. Impressed with the gravity and frequency of appendicitis and the necessity of its prevention, I have for long made it a rule to remove the appendix—an absolutely useless structure—whenever the abdomen is opened at such a point that it is accessible and the condition of the patient is such that the slight additional trauma and the short continuation of anesthesia will not add to the danger.*

3. Chronic appendicitis is so often associated with right floating kidney, that now I remove the appendix when making a right nephrorrhaphy, as it takes but ten minutes more, does not complicate nor retard convalescence, and makes relief from suffering doubly sure.

4. Having seen so many patients recover from appendicitis without operation, my rule is not that of many bold surgeons: "Operate as soon as the diagnosis is made," but "operate when the conditions demand it." Operation should be made under the following circumstances:

(*a*) After the subsidence of the acute symptoms, when a mass remains in the region of the appendix, indicating that the infected area has been well walled off from the general peritoneum; the danger of recurrence is too great to allow the affected appendix to remain, if the patient will consent to its removal.

(*b*) After the fourth or fifth day, if the symptoms do not rapidly improve, the probabilities of recovery without operation are decidedly meager; and the period of comparative safety in operation has arrived.

(*c*) As soon as the symptoms will permit in every case of recurrent appendicitis—and operation should invariably be done after the second or third attack—it is preferable to wait until the acute inflammation has subsided, but not until the patient is out of bed, for he will often then refuse.

*An amusing circumstance anent this practice may be noted. Some three years ago, during an abdominal section for pelvic abscess, I removed a normal appendix. About a year later a well-known operator of St. Louis opened the same woman for perityphlitic abscess, evacuating a pint or more of pus from around the cecum. Describing the operation to me a few days later, he declared that it must have been a true "perityphlitic abscess" (which was undoubtedly true), as he hunted for a half hour for the appendix and could find no trace of one having existed; and he regarded it as worthy of reporting in some journal as a case of apparent appendicitis—with all the urgent symptoms of that disease—in which there was congenital absence of the appendix. His disgust may be imagined when I told him I had the appendix at home in a bottle!

(*d*) When the disease begins as a mild attack, but the symptoms steadily become more and more severe, a number of examinations of the blood should be made (a count of the polynuclear leucocytes being made every few hours, and carefully recorded upon a chart), and if the blood-count shows a rapid increase in the white blood-corpusqles operation must not be long delayed.

(*e*) In all cases of "fulminating appendicitis," as soon as the diagnosis is made, delay means death; and unfortunately so does operation in most instances, but it gives the patient his only chance of recovery.

(*f*) *In all cases of appendicitis, regardless of other signs or conditions, if the blood examinations show constant increase of the leucocytes* to a marked degree. Numerous recent cases have shown perforation or gangrene of necessarily fatal degree when the clinical picture was favorable, yet abdominal section was performed upon the blood-sign alone.

Appendicitis is a most deceptive disease in its symptomatology; and until recently many patients have been subjected to operation unnecessarily, while many others have been allowed to die without operation, because the symptoms were apparently favorable. Now, with this valuable guide (the blood-count) we can foretell the outcome positively in a large proportion of cases; leaving untouched many patients who, under rules of my recent part, would be subjected to the wholly unnecessary operation, and saving many lives that otherwise would be sacrificed by an uncertainty as to the necessity for surgical treatment.

Abscesses.

Dr. S. A. Yates, Cincinnati, prescribes Iodia largely, where an alterative is needed, finding it of especial value in cases of abscesses.

Sciatica.

Dr. S. Seillkoritch, Philadelphia, has splendid results from Papine in severe cases of sciatica. Many of these patients can not take morphia and other anodynes are not sufficient to control the pain.

[Written for the MEDICAL BRIEF.]

A Case of Cervical Adenitis.

BY E. E. TRUITT, M. D.,
Maquon, Ill.

Cervical adenitis is not always tuberculous, and it may affect one gland or many at the same time. We believe it to be more common in children than in adults. The most stubborn case I ever had was in a person of thirty-six; male; American; dark eyes and hair; fair complexion; five feet five inches tall; weight, at commencement of disease, one hundred and seventy-five pounds; smoked pipe; used no alcoholic liquors.

Next day, after a heavy thunderstorm the preceding night, the patient looked up a great deal at the hole in the chimney that had been covered with paper, which the lightning had come so close to the chimney as to break the paper from over the hole. It was in August, and was oppressively hot in an upper-story room, under a metal roof, and poorly ventilated.

My opinion of the cause of the disease is this: The system being in a depressed, weakened condition from the excessive heat, poor ventilation and excessive smoking, the tension of the stermo-mastoid muscle pressed on the gland and slightly bruised it.

It was two or three days after the storm that a small nodule was first noticed, very hard, and once in a while a sharp, lancinating pain in it.

This went on gradually growing until it attained the size of a hickory nut. The time was about three or four weeks. Then it began to inflame and pain, with a considerable tenderness. It was, perhaps, all of ten days before it suppurated. My opinion was divided as to what the trouble was till suppuration took place. The induration, sharp, lancinating pains and slow growth, all suggested to me scirrhus cancer.

After suppuration took place and it was lanced, and about a third of a teaspoonful of pus evacuated, my diagnosis was cleared up.

On having it opened and the pus evacuated, I supposed that would be the last of it. But not so. The opening

soon closed, and the same process of enlargement and suppuration took place, but more rapidly than before. As soon as it would get so large as to project above the angle of the jaw bone, it would begin to suppurate, with a temperature of 100° to 103° F.

Thus the case went on, suppurating time and again. From the commencement of the trouble all kinds of local applications were made. Iodine was freely applied, but it seemed only to hasten suppuration. Lead ointment was applied, but to no good. All other physicians recommended extirpation of the gland.

All kinds of alteratives and tonics were taken, but to no avail. Among these were Iodia, Wampole's Cod Liver Oil with hypophosphites, syr. hydriodic acid, and a great many other preparations. Finally I concluded to introduce medicine into the pus cavity. Pyoktannin and iodine were used. This was used until it was thought a cure was produced; but on leaving it off the same old process took place. It was again reopened and treated again for a long time, and the opening kept from healing by the use of iodoform gauze, which also served to drain the cavity. The production of pus was stopped, and only a serum collected in the cavity, which sometimes was let out. It will have been five years ago this August that the disease commenced. At that time patient weighed one hundred and seventy-five pounds, and at the end of three years he weighed one hundred and thirty-five pounds. He has gained in weight about ten pounds, and is yet gaining.

Only one gland was involved, and I do not believe it was tuberculous. I would state, also, that the conservative treatment was the best, but took longer.

Hives.

When a child is attacked with hives, a good rule to follow is to give a good dose of castor-oil, for in most cases there is some gastric or intestinal trouble that is acting as the cause. After administering the oil, the diet should be simple for a few days. Bread and milk is sufficient.—*Healthy Home.*

[Written for the MEDICAL BRIEF.]

Is Influenza a Bona-fide Infectious Disease?

BY W. L'HEUREUX BLENKARNE, L. S. A., M. R. C. S.

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To begin with, is not the name "influenza" really a misnomer? How often in cases of this complaint do we get, for instance, the coryza, etc., which is generally such a prominent symptom in the old-fashioned "influenza—cold"? In my experience—and I have notes of over five hundred cases attended by me—the two chief symptoms certainly are:

1. Intense nervous depression.
2. A persistent *sub*-normal temperature.

I do not mean that there is *no* pyrexia, but the high temperature only lasts, as a general rule, for a day or two, and is followed by persistent anti-pyrexia. Here, it seems to me, is the *chief* danger of the disease, viz.: the depression of the sympathetic nervous system.

Then, again, is this so-called "influenza" really infectious (or contagious) in the ordinary acceptation of that term? In ordinary parlance, can one person "catch" it from another? Is it not rather caused by *climatic* changes? If it is really such a "catching complaint," we should expect to find it very common amongst children, who certainly are more prone to infectious diseases than grown-up people; whereas, from my own statistics at any rate, it is adults far more than children who are attacked by this mysterious illness. It is surely far more probable that the illness is spread by some atmospheric causes, which at present we do not understand, and that it is more allied to ague and many other malarial diseases, or even to some forms of neuralgia than to those of zymotic origin. In a head entitled "Influenza Risks" (*vide Brit. Med. Journal*, February 3, 1900, page 275), the remedy to prevent the spread of the disease there enumerated (that the patient should be kept isolated in his bedroom) seems worse than the disease, for if there is

any illness more than another where the patient requires cheerful society, it surely is "influenza." The depression of the nervous system, and the lowness of spirits which the patient suffers from, in many cases eventuating in actual dementia, surely does not require this solitary confinement.

Keeping to his bedroom for his own sake to prevent his acquiring pneumonia, etc., is quite another question. But to thus quarantine an influenzic patient is but to add to his misery, to "make confusion worse confounded," and probably tend to dementia, or, at any rate, tend to still further depress him. It seems to me that a much more scientific view of the disease is enunciated on page 270 of the same number of the *British Medical Journal*, under the heading "Bacteriology and Influenza,' in which the writer (Dr. Anders) says: "The periods in which the disease (*i. e.*, influenza) assumed a virulent type were almost invariably preceded by sudden thaws, accompanied by thick fogs, and relatively warm, moist, calm weather."

I have noticed the same thing myself in the various epidemics with which I have had to deal, and I would further add that *sunshine* is the best thing to "kill the germs," or whatever else this miserable and mysterious illness is caused by.

Then, again, Dr. Kempster, Medical Officer of Health for Battersea, in a recent fortnightly report, states that there were two hundred and six deaths, and says: "This enormous number of deaths—the largest I have ever had to report—*is almost entirely due to climatic conditions which are beyond control*, and is shared by the whole metropolis, indeed, by the whole kingdom. It is the direct result of an epidemic of influenza and diseases of the respiratory system."

Climatic (*not "catching"*) is here the watchword.

We have quite enough really infectious diseases, such as small-pox, scarlatina, measles, etc., without trying to add to their number. Besides which it would be practically impossible to notify cases of influenza, as it is far too ethereal, insidious and intangible a complaint.

I have not gone into the treatment of influenza, which mainly consists in rest and quiet, in plenty of good and nutritious, but light, nourishment, together, of course, with tonics. Oranges, bananas (and, in some cases, pineapple), are very beneficial.

One word of caution: *Never try to lower the incipient high temperature.* That will soon enough, and too much, lower itself; besides which the high temperature, in the early stages of the disease, is a veritable "guardian angel," causing the patient, if a sensible person, to keep in bed "until this tyranny be overpast." More deaths have been caused by the administration of antipyrin than by the disease itself, as that drug (would that it had never been invented!) only causes a *spurious* normal (or low) temperature, making the patient *feel* better than he really *is*. "Temperature normal" is not everything, although so many nurses and others think it is! In short, influenza, or "atmospheric fever" (as I prefer to call it), is essentially an illness where we must not follow the advice of Dickens' immortal Mrs. Chick, and try to "*make an effort.*" We should rather remember Keble's words: "Were it not better *to lie still?*"

The depressed nervous system requires rest and warmth, but *not* solitary confinement. The cheery chat of a friend may safely be indulged in (with a minimum risk to him and a maximum good to the patient); and even "a quiet smoke" may, in some cases, be quite admissible, for "influenza" is an illness which requires moral, material and physical treatment, quite as much as mere medicine.

Nevus of the Face.

Dr. Abbe says that the best treatment consists in the use of an ordinary large cambric needle or a hat-pin, heated to a red heat, and then plunged into the tissues of the nevus *at a black heat.* The insertion of the needle at a black heat has much to do with securing a good result. Punctures should be made in this way all over the tumor. There is no bleeding whatever, and the case is usually cured in three or four operations.—*Med. Arena.*

[Written for the MEDICAL BRIEF.]

Tannigen in Bowel Troubles.

BY DOUGLASS HAYES, M. D.,
Tracy City, Tenn.

Now that the apple of greenish hue has presented itself to the little ones for their consideration, well does the physician know that troubles are brewing. We have it in all forms, from a simple diarrhea to that of dysentery. For the past two years I have secured most favorable results from tannigen, I may say all the way down the line. I have used it, and am still using it in all forms of bowel troubles which are accompanied by a diarrhea. Still I do not want it understood that I confine myself to the use of this one drug alone, but where the case is of a dysenteric nature, I use in connection an enema, or if there is marked torpidity of the liver, I leave off tannigen for the time being, and use a cholagogue of calomel, ipecac and sodii, but all the time keeping up my enema, of which is generally composed of corn starch, deodorized tincture opii, pulverized aluminis and Kennedy's (dark) Pinus Canadensis.

Speaking of enemas, that calls to my mind a case which I treated successfully last summer in rather a peculiar way. Like many other sections in which people live, we have some that are not blessed with an over-amount of intelligence, as can be readily seen from the following: While ill for a few days last summer, and confined to my bed, a young man, aged about twenty-one, called on me to visit Mr. S., who he said was quite ill. This I assured him I could not do on account of my condition. So he left, only to return in a short time, stating that Mr. S. was suffering very greatly from an attack of flux, and that as I could not come he wished a prescription for the relief of same. So the following formula per dose was furnished him:

℞ Pulv. Aluminis ..... 6 grains
Tinct. Opii, Deo ..... 15 drops.
Pinus Canad. (dark) Kennedy's 8 drachms.

M. Direct that same should be given in one quart of tepid water, and that two tablespoonfuls of corn starch should be well mixed in same, this to be taken as an enema every four hours and retained as long as possible.

Now it came to pass that no member of Mr. S.'s family could read the directions, and the messenger remembering all instructions save the fact that the contents should be used per rectum. So S. was allowed to partake of the same each four hours. On the third day thereafter, the messenger returned and informed me that Mr. S. was most well, but wanted to know if he could not lessen the amount of water in which the drugs were to be taken, and if this was not granted him he feared that he could not retain same, as his stomach was getting powerful weak.

You can well imagine my surprise when I found that my patient had taken my rectal injection into his stomach. I instructed that same be discontinued at once, and a prescription was given him for tannigen, on which his recovery was rapid. So the proof of the pudding is in the eating thereof. So my enema is good any way you take it.

Dysentery being a disease of the lower bowel, it can, as a general thing, be relieved by the use of the enema alone. Still it is well to look to the cleaning of the small intestine, and for this a saline is required. Magnesii sulphate, to which a teaspoonful of Lambert's Listerine may be added, will do what is required, and after a free stool the enemata should be given and continued until the patient is well, which will be in short order if the enema is properly given and retained a proper length of time. The ipecac treatment in large doses still has my sanction in some cases, but as a general thing I find but few cases that I cannot relieve by tannigen and the enema.

It is true, the chief effect of tannigen is exerted upon the small intestine; still when it is given in full doses there is quite enough of it that reaches the large bowel and shows its beneficial effect on same.

We wish our Editor marked success in the management of his most worthy journal, and trust that it will continue to grow to such an extent that volume after volume may even reach the heathen Chinee, etc.

Send in your subscription now.

[Written for the MEDICAL BRIEF.]

Fracture of the Patella.

BY THOMAS A. E. EVANS, M. D., B. S.,
Farmers, Ky.

As fractures of the patella are not met with as often as lesions of other bones of the system, there is not the attention given them that should be, for we all are liable to meet with the lesion sooner or later. It is surprising, the kinds of fractures one is liable to meet with just in this particular little bone; there we can and may have a fracture of most all kinds and varieties; in fact, I have met with fractures in the knee-pan that I have not met in any other bone. It may be of a longitudinal character or capillary, comminuted, complete, complicated, compound, double, stellate or simple.

We need not study a long list of physical signs by which to diagnose this condition. As a general rule you know what you have to contend with as soon as you see your patient, as most every one is able to diagnose a fracture, and the doctor is called upon to do the treating. The most important symptom is the cause, which is always of a sudden character, either by a violent contraction of the quadriceps extensor muscle, or by a blow or fall upon the bone. The diagnosis may be made from the loss of the functions of the articulation. The loss of the function of the limb is not always the case immediately after the accident. I have known cases to walk some distance after the accident. Pain at the seat of the injury is always present, and of a dull, heavy, cutting character, separation of the fragments which we cannot always detect. If there is swelling, inability to extend or flex the leg is always present. Owing to the hardness of this bone, and the terrific blow which is required to fracture it (unless it be diseased), we do not meet with it very frequently, and when we do meet with it it is upon short notice which we are called upon to treat the lesion, which should receive immediate attention in order to restore the limb to its natural state; and the treatment laid down in the general text-book will be found difficult for the physician in the rural districts to apply immediately. As my experience has been somewhat extensive with this particular lesion, I set to work to contrive a more easy plan, and after trying almost all treatments the following is the one which has given me the greatest success. With a report of three of my most difficult cases, I find it the quickest to apply, the least difficult to obtain and the coolest for a warm climate. The simple means are as follows:

Cut eight strips of adhesive plaster from sixteen to eighteen inches long and three-quarters to one inch broad. Straighten the limb, and mechanical treatment commenced at once by drawing the separated edges of the bone firmly together, and begin with a strip of the plaster at the head of the tibialis posticus muscle, drawing gently but firmly up and obliquely over the knee-pan at the top and across, stopping under the vastus-externus; follow suit with the next, and so on until four strips have been used, lying side by side so as not to lap one over the other, but entirely cover the patella. The other four are applied in the opposite manner side by side; care also that they do not lap at the edges, beginning over and under the vastus-internus, drawing down over the patella across the other strips, and landing over the tibialis anticus, so on until all four are applied, side by side. No other splint, plaster or bandage need be used while this is on (and it may remain until the edges of the bone are thoroughly united), as it will hold the joint firm and solid. If there be an external lesion it may be treated antiseptically, and then bandages applied; there will be sufficient room for drainage between the strips. In seven or eight days the strips may be removed and the treatment kept up in the usual manner for eight to ten months. The surgeon who uses the above treatment will find no difficulty in restoring the leg to its natural function.

Case 1.—H. C., age twenty-two years, had swelling of the knee for some time, thought to be rheumatism, but able to walk with a stick; slipped and fell, while going up a pair of stone steps, striking his knee-pan against the edge of the stone, felt considerable pain at the time; in about one hour after the fall laid down and found he could not move his

limb; thinking his rheumatism was only growing worse, did not call a physician. Twenty days after the accident I saw him and at once diagnosed a complete longitudinal fracture, which I incised to the bone and the edges of the lesion scarified, dressed the wound antiseptically, laying a piece of antiseptic gauze over the wound and applied the adhesive dressing over the gauze, he was able to be about in four weeks.

The peculiarity of the above case is that: 1. The rheumatism has not appeared any more. 2. There were no sutures taken in incision, which healed by first intention. 3. Two years have elapsed and no secondary trouble has appeared and the leg is as good as it ever was.

Case 2.—J. M., age twenty-eight years, was thrown against a gate post by a runaway team, was seen immediately and a stellate fracture of the patella was diagnosed and strips applied, the swelling was slight, strips removed on twelfth day and posterior splint applied, after Hamilton method, which was kept up for some time. Patient was at work in five weeks on the farm.

Case 3. — D. D.,. lumberman, age twenty-six years, was struck by the end of a two-by-six board which was thrown with considerable force from a gang edger machine, producing a compound comminuted fracture of the patella, was seen in five hours after the accident, the wound was dressed with iodoform gauze and strip dressing applied, removed in four days, reapplied and removed in six days, and posterior splint applied and worn for some time. Patient was able to run the edger again in nineteen days.

The questions that arise are: Has it been from good luck, or from the adhesive strips that have been so successful both to me and the patients? I feel that I owe the success to the strips, and would be glad for others to give them a trial and report the results. There might be a great deal more said upon this lesion and its treatment, but space will not permit. I always let my patients wear the posterior splint through the day, removing it at night until the limb has been restored to its natural function.

[Written for the MEDICAL BRIEF.]

The Microbe of Love; A Scientific Parody.

BY D. H. KELLER, M. D.,
Thurber, Texas.

Will this epidemic of science never subside? Some transcendent student of biology has discovered the microbe of love! Hence goes out of existence the phrase, "What does he see in her?" No more divorces; no more alimony; no more contentions over infant custodianship. The microbe of love has been discovered, and an end has been put to "incompatibility" for all time to come.

And what is this particular variety of the genus germ? It is a cross between a chain coccus and a spirillum—the spirillum does the divine act of incubating the affinity, and the coccus does the joining together.

This bacillus of love is indigenous to a certain soil (all microbes are, else some antediluvial pill-roller might find a flaw in the germ theory), and this soil must not be confounded with the soil upon which thrives the micro-organism which breeds infatuation, nor the bacterium which begets summer-girl spooning. The bacillus of love is a perfectly distinct microbe, in which pertain the physical characteristics hereinbefore described. It grows only upon the soil fertilized by that indescribable abstract termed "natural affinity," and since every micro-organism breeds true, this bacillus is "ketching." When, perchance, it falls upon the non-immunized alluvium of some maiden's heart, the seeds of true love are bound to sprout and multiply indefinitely. Contact with the patient is not at all necessary for the reproduction of the disease. When a pretty woman has it a man will contract it from her simply by walking through the room wherein she is detained. (I write "detained," because when one afflicted with a disease is put in limbo, the edifice thereat becomes a "detention hospital.") Some researchers, however, have declared that the bacillus amorifibus is capable of being carried about in the air and in drinking water. (The books don't mention bathing water.)

Thus, when two hearts that beat as one (all on account of the inevitable contagion)—when two hearts that beat as one in two bodies in a rowboat with a dog, the bacillus may be coughed or yearned into the river, and unless the dog jumps in after it, it is liable to keep on multiplying all the way down to Memphis. And if there happens to be some predisposing affinity in that unhygienic town, there is sure to break out an epidemic of true love; and Doctor Guiteras and some marine hospital gentlemen will sweep down on the place, like wolves on a sheepfold, to slay with unrelenting hand this puny scion of the nether world that dares to pair the hearts of a free and unlimited people, without the assistance of any other microbal power.

To the eminent Doctor Bugg belongs all the glory of this pre-eminent discovery. And, all the claims of German and South American savants to the contrary, Dr. Bugg is going to insist upon priority.

Dr. Bugg's relation of the facts which led up to the culmination of this nineteenth century enterprise is truly interesting.

The irreproachable beauty, Miss Blank, became enamored of the indifferent old bachelor, Mr. Thingumbob. Mr. Thingumbob was as hard as adamant, and all the wiles of Miss Blank could not melt his asbestos heart. Despairing, at last Miss Blank one day drove up to the marble portals of Dr. Bugg's laboratory for the culture of bacteria and the dissemination of the diseases thereof. Entering the door of the renowned doctor's consultation room, Miss Blank seated herself and awaited the appearance of this august personage. Directly he entered her presence. He was clothed in a hermetically sealed suit of pure rubber, with telephone connection. In the suit were a pair of plate-glass window panes, through which his deep, penetrating eyes looked from beneath a pair of feather duster lashes. The carbolic acid upon the floor was eating away the soles of her French heeled slippers, and the atmosphere of formaldehyde had withered the American Beauties upon her breast, but Miss Blank was oblivious to these minor annoyances. She was yearning for the affection of Mr. Thingumbob, and Dr. Bugg was surely the means through which she ought to obtain it. With a wave of his hand and a slight inclination of his rubber neck, which started the wheels in his head, Dr. Bugg asked through his carbolized telephone the mission of his fair visitor.

"Oh, Doctor," she replied, "I hardly know how to approach you with my little troubles, but you who are so expert in the ills to which our flesh is heir—you who have made so many miserables happy—you who have harnessed the microbe to the wine press—you who have fought cancer with the bacterial phalanx of erysipelas—you who have made immunity course through the veins of a yearling colt—you who have tapped the fountain of youth in a lamb's medulla oblongata—you who have builded a Chinese wall about the mortal plague of the Hindoos—you who have impinged the vandal minions of Nature upon the abatis of science—you who have met the rear guard of the yellow fever upon the very threshold of the frost line—you who have fought with a squirt gun, single handed, a ten-acre field full of elusive streptococci—surely, Doctor, you can help me." And then when she had picked the iodoform from the receiver out of her ears she listened to his reply, delivered in a breath of sulphur and au de corrosive sublimate:

"Speak but your desires, madam, and they shall be granted."

She told him all. She told him of her insatiable longing for Thingumbob. She told him of the divine fire that was everlastingly burning in her heaving breast. She laid bare to him the crater in her eruptive heart. Nothing kept she back from her waterproof confessor.

"Tut, tut, madam," said he, in tones mellowed by boracic acid. "Tut, tut, madam, you have been too long under the baleful influence of some ancient compounder of liver pills. You have imbibed too much of the superstition of the empiric and the ignorant. Speak not to me of love that burns divinely in the human breast. Divinity has nothing to do with love. Love is a disease, pure and simple—a something to be cured, not to be aggravated. Your symptoms are bad enough, and your only hope is in serum-therapy.

Give me your heart for a few hours. Come to me to-morrow for my prescription."

'Twas a matter of but a moment to extract the throbbing viscus from the perturbed thorax of Miss Blank, and she went listlessly home to await the great man's prognosis.

Soon after her departure Dr. Bugg, who had meantime put the heart in an air-tight mosquito bar, made a bacteriological examination of the organ, and after long and persistent study, isolated the *bacillus amoriflbus*, the microbe of love. One of these he placed in a culture tube, and then retired from his arduous labors. Next morning bright and early he entered the laboratory. The test-tube was literally overflowing with *bacilli amoriflbi*, and Dr. Bugg was content. Science was vindicated! The divine fire fable was exploded. True love was but the fever from a toxin! And he—Dr. Bugg—was upon the very pinnacle of fame! Promptly Miss Blank called. Replacing the heart in her thoracic cavity, Dr. Bugg in a few words told her of the verification of his theory, and then asked:

"Are you willing to sacrifice yourself for the sake of science, madam?"

"I am willing to do anything, Doctor, if thereby I may accomplish my desires."

"Well, madam, the result be upon your own head. Have you ever come in contact with Mr. Thingumbob?"

"Oh, yes," she replied, with suffused cheeks. "Often have I danced with him, and often have I gone out with him—but that is all."

Dr. Bugg was nonplussed just for a moment, and then he exclaimed:

"Ah, yes, I see. The love germ does not thrive in unprepared soils; there must be affinity. Have you ever attended a seance?"

"No," replied Miss Blank.

"Well, you must induce Mr. Thingumbob to attend one of Madame Blavatzsky's sittings with you, and the *bacillus amoriflbus* will do the rest. Entice him there, and after you get him to attending regularly the desired affinity between two souls with but a single thought will surely come about, and the requisite soil for the *bacillus amoriflbus* will be established. I guarantee that Mr. Thingumbob will contract the disease."

While Miss Blank hastened homeward in anticipation of her coming triumph Dr. Bugg pocketed his handsome fee, and locked himself in his laboratory in order to discover some other kind of bacillus, no matter what, just so it was indefinite and profitable.

[Written for the MEDICAL BRIEF.]

Some Common-Sense Items.

BY E. D. BABBITT, M. D.,
College of Fine Forces.
San José, Cal.

Physicians sometimes take a very round-about and complicated way to do a simple thing. I wish to give merely a few hints.

Corns.—The hardened and dormant condition of the skin which constitutes a corn, can be remedied very quickly by paring away the hard matter and focusing a burning glass over it for a few minutes.

Warts cured in the same way, after other methods have been tried for years.

Moles.—One of my students cured a mole on a lady's nose by focusing the burning glass on it during fifteen seconds. I have generally had to use the glass more than once.

Birth Marks and *Epithelial* and other small *Cancers* have been cured many times, first by Augustus Barnes, of Connecticut, and since then by myself and students. Some anesthetic wash is important, as it is necessary to focus the sun glass so strongly over the parts as to make the flesh almost fry. I prefer a blue lens, or one slightly blue, as the blue is powerfully antiseptic, and will thus destroy the parasites without such severe burning. All scars made by the sun glass entirely pass away in a little while, as the solar forces are much more refined than those of a sinapism.

Earthly Immortality.—The insane idea is becoming more prevalent, that people by living rightly and eating proper food to supply the wastes of the body may succeed in forestalling death itself and establishing an earthly immortality. It makes no difference with these theorists that all the billions, and no doubt tril-

lions of human beings that have lived heretofore, have had to meet the great transition without a single exception. The old notion, supposed to be a fact, that the entire elements of the human system change every seven years, has caused the people to build on delusion. It is no doubt true that the fleshy portion through which millions of capillaries deliver, through chemical affinity, their vitalizing blood, may be changed and rebuilt as often as once a month, but there are bones as hard as ivory, that can not be thus rebuilt. There are certain blood-vessels and nerves running through the substance of the bones, but the periosteum with its well-stocked blood-vessels does not find sufficient life and power in the bone itself to co-act with it, as old age approaches, *i. e.*, "later in life," as Gray's anatomy puts it, "the periosteum grows thinner and less vascular." Then is not the cancellous portion of the bone almost, if not quite devoid of blood-vessels? How could any repairing of waste take place aside from the blood? We come up against the immutable fact then, that every human being must lay aside this grosser part of his nature, this overcoat called the human body, and step forth in that invisible being which St. Paul calls the "spiritual body." What thoughtful person wishes to be forever dragging this slow, cumbersome form around with him, if he can once realize that there is a diviner and more triumphant life?

Sun-stroke.—Some years ago when I was living in New York City, there were numerous sun-strokes, and the Board of Health there advised the people to put ice all around the patient's head, which is about the most fatal thing that could be done. Ice or cold water could be placed at the start, on the front head or temples, but the great thing to do is to pour several gallons of water at a temperature of at least 115° F. over the occiput and cervix, with the head and neck held forward over a bucket. I had a case in which a barber was grieved over by his family as being dead. I had him brought near the open air, and his tight collar removed, and while the ice water was being brought slapped his arms, shoulders and legs, to draw away the congested blood. When I put the ice water on his front head he showed for the first time some signs of life, but when I poured the hot water over the occiput to draw away the congested blood from the cerebrum, the result was like magic, and scarcely needed the whole twelve quarts of water before he was up and fully conscious. This hot pouring is admirable in apoplexy and hemiplegia. I saw a young man in Boston who had been insane from sun-stroke for two years, but who was mainly cured in a few minutes by a hot pouring bath, given by Dr. J. R. Newton. When he went to the Doctor his brother had to go with him to guide him. On going home he went by himself, and his mother not recognizing him, exclaimed, "Where's your crazy brother," quite unconscious that she was then talking to the crazy brother himself.

Lockjaw and other forms of *Tetanus* are generally easily cured by natural methods. The physician should reason sufficiently to make him know that all styles of contracting or cramping influences are signs of too great an amount of cold at the place, or more properly of electrical influence which is only a refined grade of cold. To balance this we must have a decided heat influence. I put the patient to start with, when convenient, up to the neck, including the lower jaw, in water of 100° F. heat, adding still hotter water, as can be endured; fifteen to thirty minutes will usually answer, after which a brisk rubbing, with a coarse towel is desirable. Some passes of the hand from the lower jaw downward, and along the arms would be useful, as in all cramped conditions the currents of the body should be made to pass downward. A single bath will often completely restore the patient.

I give a few of these simple natural methods, and feel that it is criminal for our physicians so often to neglect them, and allow their patients to go down to death rather than prescribe them.

Cold in the Head.

Dr. J. N. McCartney, Savannah, Mo., knows of nothing better than Papine to relieve acute coryza.

[Written for the MEDICAL BRIEF.]

Variola.

BY G. D. CAMERON, M. D.,
Chagrin Falls, Ohio.

The widespread prevalence of variola makes it of present interest. A late communication from the State health officer informs me that physicians are still meeting with trouble in regard to its diagnosis. I am, therefore, induced to send this material, hoping that it may be of interest in some point. In any good text book will be found the differential diagnosis of small-pox, and familiarity with this can only be of service.

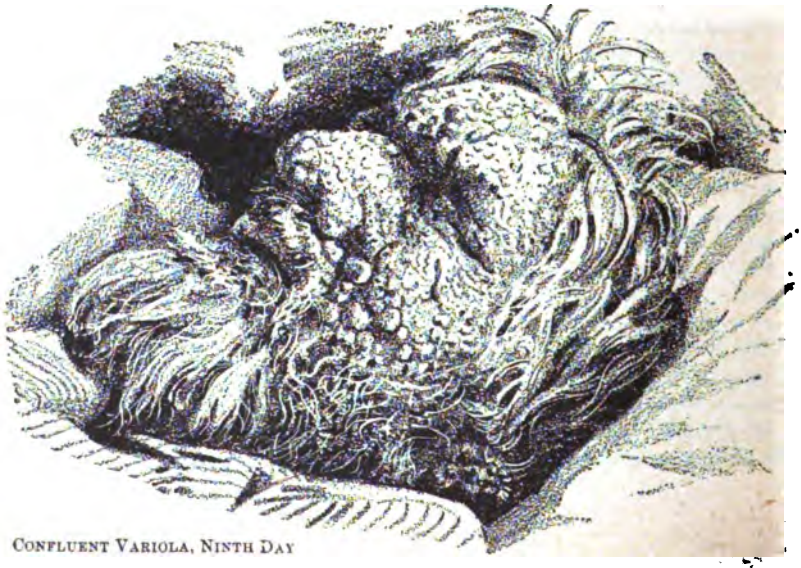
It is in the early days of the disease that its recognition is most difficult. The danger of mistaking it for pneumonia, or some disease presenting a condition of hyperpyrexia, is greater than the danger of confounding it with varicella, except in the very mildest cases.

After the development of the eruption, the disease becomes one of the most easy of diagnosis. The deep-seated vesicle and pustule, the headache and backache, the umbilication, the high temperature of the primary fever, make a group of classical symptoms most decisive. The physician who is called in at the onset of the disease is likely to get his first warning by a temperature of 104° F. or more. The presence of the disease in a community is only a negative symptom and may not be present.

He may have his suspicions confirmed by exclusion. He may ask with propriety, "What else could present such symptoms?" He can in this manner, narrow down the field of consideration,

DISCRETE VARIOLA, EIGHTH DAY.

and soon make a positive diagnosis. It being a self-limited disease, little medical treatment is necessary, except to meet complications. A light nourishing diet, laxative treatment sufficient to keep the bowels from becoming impacted, with an anodyne when the discomfort is at its worst, is all that is necessary. Open the pustules with a needle freely and repeatedly when they fill, and disinfect the house by boiling articles of clothing and by the rapid evaporation of a pint of forty per cent formaldehyde to every one thousand cubic feet of space, allowing them to fumigate twelve hours. The arguments for vaccination are many of them negative. I do not think it a preventive. The accompanying photographs are taken from classical cases.



CONFLUENT VARIOLA, NINTH DAY

The Medicinal and Surgical Treatment of Abscesses—With Clinical Histories.

BY EUGENE C. UNDERWOOD, M. D.,
Surgeon B. & O. S.-W. Railroad, etc.
Louisville, Ky.

There is no subject which is of greater interest to surgeons and the general practitioner than the treatment of abscesses. It is now, in view of advancement in our therapeutics, within the power of the physician to frequently abort an abscess; and when this is not possible we can limit its extent and correct the dyscrasia of the blood, which often is coexistent.

We will view treatment of abscesses from two standpoints—the medical and the surgical.

The medical means consist in the exhibition of such agents as will tend to prevent the formation of pus by the correction of the dyscrasia of the blood, and by local applications of such agents as may be thought appropriate to lessen the congestion in site of the abscess; or when the abscess cannot be aborted, such applications as will hasten the development of pus.

To carry out these indications will call for the exhibition from the beginning of an anti-purulent. Ecthol has in my hands proven itself an efficient anti-purulent and corrector of dyscrasia. I begin with Ecthol at the outset in doses of a teaspoonful every two hours, and continue this until there is manifest improvement in the patient's condition. Given in this way I have very often brought about the abortion of abscesses which, if they had been allowed to go without treatment, would have been large, and the consequences might have been most serious.

Ecthol is the internal remedy employed in all cases; but local measures are not to be disregarded, and, in fact, they are of value.

Cold water, in cloths kept over the site of the abscess, is very often of marked benefit, relieving, as it does to some extent, the congestion in the parts. It is my custom, in these cases, to rely upon the local application of cold, and the internal employment of Ecthol. These agents, given with great correctness, I have found will abort the largest number of abscesses, seen before there is any pus formation. When pus has formed, the application must be of a poultice. Poultices hasten the formation of pus, and this is what we desire to accomplish when it is impossible to abort the abscess. In these cases Ecthol, by correcting blood dyscrasia, is most valuable, and should always be administered. When the abscess cannot be aborted, Ecthol, by its anti-purulent action, puts a period to the process of pus making, and the patient will improve in a manner altogether different from the old-time way. These patients should be fed regularly, and such foods as are digestible are to be given. We will lose ground in any case if we forget the importance of feeding.

Another important matter which must not be overlooked is constipation. The confinement, scant diet, and the frequent resort to opiates which these patients frequently make, render them particularly liable to constipation. The administration every other day, therefore, of a saline cathartic is generally very beneficial.

The surgical indications in the treatment of abscess consist of opening the cavity and draining it of its pus, and leaving it in a condition to heal without further pus formation.

In opening an abscess we must never forget that it is a serious mistake to make a small incision. A small incision does not allow good drainage, and, therefore, when one is made, we only partially carry out our purpose. When the abscess then has been opened fully, we must allow all the pus which will run to come out. After this we must employ peroxide of hydrogen and clean the cavity entirely of pus.

After this we should wet absorbent cotton with Ecthol, and put it in the cavity. The local application of Ecthol to the abscess walls is most valuable in stimulating healthy granulation. The abscess cavity is covered over with bichloride gauze, and this is held in position by a bandage, which is by no means one which brings about considerable pressure. The Ecthol should be applied to the abscess cavity every six

hours, even after we have ceased to put the absorbent cotton in the cavity.

These clinical histories from my notes are only a few in which this treatment was applied.

Case 1. This patient, a man aged forty-eight, was attacked with erysipelas involving the entire leg. Four inches above the tarsus on the internal surface an abscess was forming. It was three inches wide and six inches long. It was indurated, hot and red, and I thought I could detect a doughy feeling about the center. I put him on Ecthol in doses of a teaspoonful every two hours, and absorbent lint wet with Ecthol was applied over the surface of the incipient abscess. This patient was required to stay in bed and to live on a mild diet. He also took a saline cathartic every day or two. While this was a case which I feared would turn out badly, I am happy to record the fact that the abscess began by the end of the second day to lose its firmness, and from this time on it dwindled until at the end of a week, when resolution had so far advanced that I could find but little induration, and the patient felt well and strong. This was one of the happiest results I ever attained.

Case 2. A young man, aged twenty, injured the palmar surface of his right hand. When I saw him an abscess was well started. I at once put him on Ecthol, in doses of a teaspoonful every two hours. I had him apply poultices. In several days I opened the abscess, and put a layer of absorbent cotton over it, and kept it wet with Ecthol. After taking the Ecthol internally a week and using it as a local application, resolution was advancing, and the patient was well in another week.

I am quite confident that Ecthol prevented the extension of this abscess, and caused what would have been a serious abscess to be of little more importance than a boil.

Case 3. A girl, eighteen years of age, bruised her arm, and an incipient abscess was in the course of formation. It was red, hot, and had all the symptoms of a forming abscess. She had cold cloths applied over the site of the abscess, and took Ecthol in doses of a teaspoonful every two hours. This had a happy effect, and the patient got along so well that the abscess was completely aborted.

I could give a number of other cases which have been treated, but this would be unnecessary, I think. I have never had a remedy to serve me so well as Ecthol.

It is a true anti-purulent, and is therefore destined to become the therapeutic *sine qua non* in all purulent conditions.—*Virginia Medical Semi-Monthly*, April, 1900.

Phimosis and Hernia in Children.

Possibly in half the total number of cases of hernia in children under the age of four months there is present a condition of phimosis. It leads one to suppose that phimosis is probably a predisposing cause of the hernia. Possibly the inciting cause is the straining and crying caused by this condition. Certain it is that after the phimosis has been relieved, and in many cases complete circumcision been performed, the child outgrows the rupture much more rapidly if the proper truss is applied at once. The truss found to be most satisfactory in all conditions is Seeley's Hard Rubber Trusses. They are light, durable and easily cleaned with water, and cause no rubbing and chafing of the skin. They are worn night and day continuously, and put the infantile patient on the way to speedy recovery, as the majority of them are cured in six months or less. The rule is to apply the truss as soon as the rupture is discovered, even at the tender age of three weeks, and the resulting cure is accomplished so much the sooner. When you have a hernia patient, infant or adult, write to Chesterman & Streeter, successors to I. B. Seeley & Co., Philadelphia, for a Seeley's Hard Rubber Truss, and you and the patient will be more than pleased at the results. Those interested will be mailed a catalogue and price list on application.

A Reliable Heart Tonic.

Dr. J. D. S. Young, Creagerstown, Md., considers Cactina Pillets an excellent heart tonic and stimulant. Has used it a great deal to avert threatened heart failure.

[Written for the MEDICAL BRIEF.]

Yaws and Small-Pox.

BY S. W. H. NIBBLETT, M. D.,
Elizabeth, Ark.

In the *Modern Medical Science*, for April, 1900, page 589, we find an article from the pen of Dr. R. L. McMurran, with the above title, "Yaws and Small-Pox." In the beginning of this, my short article, I want it understood that I do not wish to criticize the Doctor, but, on the contrary, I wish to harmonize every statement made by him if in my power so to do.

Dr. McMurran says: "A great number of the cases that have been diagnosed by the members of our profession may not have been small-pox, but the disease I shall briefly describe."

Now, the doctor goes ahead and briefly describes yaws, but does not show the points of differential diagnosis. And, just as he says, some doctors might diagnose the one for the other, but I hardly think they would if they had ever given the matter a sober thought.

The very first stage of yaws would exclude any probability of its being small-pox, because, as Dr. McMurran says, "we can often see the flakes of epidermis turning upward on account of its being free at one end, which gives the skin a ragged appearance." There are many diseases that begin with chill and fever; so far, such diseases are similar to small-pox, and also to yaws of the febrile variety. But we know that when the eruption appears in small-pox it is unlike any other eruption of which we have any knowledge. In small-pox the epidermis is not set free at the edge of the pustule till in the last stage of the disease. We notice also that at the beginning of the eruptive stage of small-pox that small, hard and exceedingly red bumps are observed, and that those increase in size till about the fourth or fifth day, and that they appear over the entire tegumentary system at the start, except on the palms and soles, which are a few days later breaking out. Yaws do not appear as red bumps at the onset, neither do they appear all over the entire body at the same time.

Send thirty-five cents to my address for my book on small-pox, before this edition is all exhausted. Revised $1.00. More anon.

[Written for the MEDICAL BRIEF.]

Calomel in Eclampsia.

BY RICHARD T. GOTT, M. D.,
Poolesville, Md.

Mrs. ——, aged forty-two, mother of seven children, strong healthy woman, expects to be confined in about two weeks. Severe headache, says she sees just half of an object. While talking to me she went into a convulsion. Found urine very scant, and loaded with albumen. Gave as soon as she could swallow, one-eighth grain of calomel every fifteen minutes, and flushed bowels with normal salt solution every half hour. In two hours she had another convulsion. In four hours from that she had third and last one.

Next day found brain perfectly clear, amount of urine much increased, less albumen. By the third day the urine had increased to half gallon daily, with very little albumen. Stopped calomel and gave digitalis, continuing salt water.

During the following week the albumen increased rapidly, but without any diminution in the amount of urine voided.

On the twelfth day from the seizure I found her at my evening visit totally blind and hemiplegic. Labor pains were coming on, and in a short time I delivered her of a living child.

She improved rapidly. Was able to get up in three weeks, with perfect vision and perfect use of her limbs. She is now in perfect health.

The after treatment was: First two days digitalis and glonoin, then strychnine.

My object in reporting this case is to call attention to the action of the calomel, the rapid increase in the amount of urine and the early cessation of the convulsions. She only had three, the last one undoubtedly brought on by a visit from her priest. And then later, notwithstanding the rapid increase in amount of albumen, there was no return of convulsions.

I believe the salt solution was a valuable aid, much of it was undoubtedly absorbed.

[Written for the MEDICAL BRIEF.]

Various Topics.

BY LUIGI GALVANI DOANE, M. D.,
New York City.

I think the "poem" in the May BRIEF quite humorous in its way, and I often wonder how our ancestors managed to live through the heroic treatment of the eighteenth century. Just think of putting ten leeches on a man's back, or giving him thirty (xxx) grains of calomel at a dose, or think what would happen if we were to prescribe twenty grains of urea or fifteen grains of powdered bedbugs for dysuria. Yet such were the doses given in the earlier portion of the eighteenth century!

To-day our homeopathic brothers (God bless them all) give the sting of a bee for some forms of rheumatism, and I have no doubt that they meet with success in some cases. The treatment of many patients is largely moral, and faith in the doctor is often a great factor, for faith will remove mountains if gunpowder or dynamite is used "as a side line."

Many of your readers will remember that eminent physician, Dr. Griffen, of New York. Quite recently he wrote a neat little pamphlet commending the use of cocaine in nasal diseases. I remember the doctor when he was studying up catarrh at Bellevue, and it is a pleasure to know that one member of the BRIEF family is still alive and doing "business at the old stand." Griffen had the qualities of a great surgeon, the gentle touch of a woman and the heart of a great big benevolent ox. In handling the noses of women and children he was gentleness and skill combined. No wonder the Bellevue boys say "may your shadow never grow less."

There is a doctor here in New York who says, I never apply splints or plaster bandages to a recent fracture; it is not recommended in Paris. I do not consider such an opinion as manly, but do think it erroneous. Do not you? Why, if we did not apply some kind of a splint we could not support the injured limb, and what is worse still, I guess we would soon be hauled to court for malpractice. A splint or other support is always indicated in fracture and can do no harm in sprains, or where torn tissues exist.

Ben Butler said on one occasion that ninety men out of a hundred failed in business. He thought that these failures were due to errors of judgment rather than credulity, but more failures are due to the speculative fever which business men get or contract every once in a while. Almost every one, save the moralist, seeks to make money rapidly, and the Nation even has the land fever. Men take pleasure in running great risks; the excitement seems to help them out of the ruts of monotony and sameness. Hence they speculate, forgetting that the motto, "Hasty come, hasty go," is true and unquestioned. Speculators have to-day the control of all the markets, and wheat, oats, corn, and a host of other products, are bought and sold, but never delivered. Gambling and speculation are "the mode" to-day, and the wise man keeps away from both, but the fool passes on and is punished.

Verily! brothers, we live in a rapid age, and grow gray in the service of the devil.

New York School of Clinical Medicine.

At a meeting of the corps of teachers of the New York School of Clinical Medicine, held at the Academy of Medicine June 21, 1900, it was decided to wind up the affairs of the school and close it permanently. This action was taken in consequence of continuous interference of the last board of trustees in its affairs. Simon Marx, Herman L. Collyer, Wm. M. Leszynsky, Wm. S. Gottheil, Ludwig Weiss, S. Henry Dessau, Louis Fischer, Marcus Kenyon.

Morphine Habit.

Dr. J. D. Albright, Pottsville, Pa., says that in treating patients addicted to the use of morphine, Bromidia is of excellent service. It relieves the unbearable nervous condition into which many people are thrown by the deprivation of morphia, and thus tides them comfortably over the crisis.

THE MEDICAL BRIEF

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Editorial.

An Ethical Fable.

Now and then some doctor, for reasons best known to himself, gets up at a medical society and reads a paper, in which he attempts to frighten other physicians from using the most reliable remedies which we have, namely, the ethpharmal proprietaries, by declaring that physicians who employ them do so to avoid the necessity of working their brains in prescribing. In other words, he insinuates that doctors who use these fine therapeutic specialties, prescribe a kidney, heart or liver remedy indiscriminately for all disorders of these organs.

Remarks of this character but show the author's ignorance of his subject. It takes as much intelligence and positive knowledge to prescribe proprietary medicines as any others. Therefore, the physician must be thoroughly familiar with their indications and action. If he sees a case where he thinks such a remedy will do good, but the indications are not present, he must know how to prepare the way for this remedy by securing these indications. This he can do by the judicious use of other remedies or measures.

The ethical man's pretensions is the same old mistake of considering one's own way of doing the only right way. It is as old as human nature to regard our personal limitations as the whole extent of knowledge in any particular branch to which we have given attention. What about the ethics of squirting antitoxin into a patient? This is the rankest kind of empiricism. Neither knowledge, skill nor honesty are required for the job.

The doctor who carefully studies the field of usefulness covered by the various ethpharmal proprietary medicines, has exercised his brains to very good effect. He has acquired some knowledge of a positive and definite nature, and he has an unvarying therapeutic standard in the uniform strength of the preparation.

To prescribe any kidney remedy, proprietary or not, for a kidney lesion and pay no attention to the incompetency of other organs which may have led to the renal trouble, is to pave the way for defeat, or, at best, partial success. The chances for success in practice of the physician who uses proprietary medicines are just double those of the one who does not, because of the pure, active and uniform character of such medicines. But such a physician can not dispense with intelligence, vigilance or study if he is to get the best results. No man who has had any practical experience with them would make such a ridiculous claim.

An ethpharmal proprietary medicine simply embodies the cream of a manufacturer's special knowledge and experience in that direction. It is a powerful agent, with certain affinities and influences in the system, but the adjustment between this therapeutic power and the patient is effected by the intelligence of the prescribing physician. His knowledge of diagnosis, drug indications, the patient's constitution and temperamental peculiarities, are all involved. The doctor regulates the dose and reinforces the remedy by judicious alternation or a combination with other modifying remedies.

That it does require intelligence of the highest order to use proprietary medicines is proved by the fact that all successful practitioners use them as far as possible. They have learned how to use them to the best advantage, and know how to value remedies, the effects of which they can predict with something like mathematical accuracy.

The Boss and Fanatic.

Mr. William Jennings Bryan is both a boss and a fanatic. To boss his adherents, and to drive them to endorse his financial folly in advocating sixteen to one, shows what a dangerous fanatic he is. His financial ideas would certainly bring on a financial crisis if he is elected President.

Prof. Laughlin, of the University of Chicago, a recognized authority on the currency question, tells us that the gold legislation of last March was a sort of political abortion. While it declares our intention to maintain the gold standard and the parity of all monies, no provision is made for doing this with the $575,000,000 of silver, worth less than half its face value. Our financial system has no new defenses, nor have the old been strengthened, since the gold Act of March 14th provides no practical means for redeeming silver in gold at the option of the holder. This is the only way to maintain a parity between the two metals, and consequently to preserve the gold standard.

All Mr. Bryan, as President, would have to do to bring us to a silver basis, would be to instruct the Secretary of Treasury to pay maturing indebtedness in silver. And after his behavior during the Convention, we can not doubt that he would unhesitatingly plunge the country into such a terrible crisis that "his reputation for sincerity might be maintained."

Do you realize what financial anarchy implies? Read the history of Black Friday. Then stop and think, that Mr. Bryan's election would produce a state of affairs infinitely worse. Stock markets—those barometers of financial conditions—would go to pieces. Brokerage firms be wiped out. Banks break. Business houses lose their credit and assign. American securities abroad would be dumped on home markets and unloaded at any price. Foreign capital invested here would be recalled at every sacrifice. Factories would close for want of orders. Employes and wage-earners of every description would be discharged in droves. Everybody would want to sell and nobody to buy. Necessaries of life would mount skyward. Sympathy, good-will and obligingness would be frozen up. The pressure would make everyone hard and wolfish. All this would be precipitated at once because of arbitrary interference with natural conditions.

Are not dollars scarce enough without cutting their value in two? Are not commodities dear enough without doubling their price? Think!

Mr. Bryan is sincere and dangerous in proportion. Sincerity is not truth. It emanates from a belief which may be true or false. In his case it is pure fanaticism. He is, by nature, an iron-willed despot. By his fanaticism and strong will, he hypnotizes men of less force and bends them to his notion.

Do not let old beliefs, ties or customs sway your judgment, or govern your acts on election day. Remember that a vote is a power for good or evil. Summon up your patriotism and cast yours for sound finance—that bottom rock of governmental integrity and social health. Country before party or personal inclination. Physicians are always prompt to respond to the call of duty. They have an opportunity, now, to aid in preventing an epidemic of financial delirium.

Chronic Diseases.

The treatment of chronic disease is the rock on which many a doctor's reputation strikes.

Chronic disease partakes of the nature of degeneration. Where there is abundance of vitality, nature, with a little aid from medicine, can limit and repair the ravages of disease in a short time. But where the constitution has lost its elasticity, and disease has settled into habitual wrong function, the system does not respond readily and continuously to the beneficent effects of indicated remedies.

The action of medicines will be more or less spasmodic, perhaps accompanied by pain and disturbed function. This need not alarm either doctor or patient. When a man has been frozen or drowned, we do not cease our efforts to revive him, because the process of coming to is painful. The reawakening of vitality in chronic states of depression is likewise painful. The opening up of circulatory areas, long-closed or stagnant, and the vivifying of nerves weak from long torpor, makes the individual feel all unstrung—a vibrating mass of weakness. There are pains here and stitches there. Colicky sensations in the interior, a heart which alternately beats crazily, and anon threatens to stop, kidneys which have been quietly vegetating take the law in their own hands, and keep the patient busy. Perhaps a diarrhea develops.

All these signs are of good import. They simply indicate that the forces of nature are throwing off the lethargy of long disease. The patient must be worse before he can be better. He should know this that he may take courage.

In chronic disease nothing can be accomplished until the circulatory depression and drouth is relieved. When the circulation, throughout its vast extent, is equalized and flushed, the whole system will quicken and stir. Sensibility loses some of its morbid character, the glandular system begins to act, absorption of morbid deposits and diseased tissues sets in. But all this takes *time*, and is accompanied by so much friction and discomfort the patient thinks he is worse instead of better. If he is reassured, told that this is an intermediate stage which will soon be over, if he perseveres, old standing disease will not be the bugbear it now is to many physicians.

Skin friction and *joint manipulations* are the best means of starting up the circulation in chronic diseases, because torpid nerves do not respond readily to medicines. These mechanical measures, practiced systematically, will soon start a tide in the circulation, which will inundate all stagnant and atrophied parts, wake up the nervous and glandular systems, carrying regeneration with it. Then your remedies will make telling impressions, and if you can hold your patients to the task, you will make a record which will be quoted in your favor as something of a miracle.

Bad Dreams.

Nervous people and delicate children often have their sleep disturbed and made unrefreshing by bad dreams. In the case of children, these dreams may take the form of "night terrors," causing paroxysms of anguish and fear. The child can not be awakened, but sobs and struggles until exhaustion brings relief, and he falls asleep again. In older people, sighing, moaning, tossing and talking in the sleep take the place of the more stormy "night terrors" of childhood.

In active temperaments, bad dreams may cause nocturnal epilepsy or sleep-walking.

Whatever form of manifestation bad dreams take, they use up brain energy. The individual awakes tired and listless instead of refreshed and made new for the work of another day.

Bad dreams, night terrors and other abberations of mental activity during sleep are particularly injurious to the immature and rapidly growing brain of children. They may dwarf its development and injure its quality for life, early impressions being very tenacious. These nocturnal experiences are also exhausting, and occur at the time of life when vitality can least be spared.

The popular idea is that errors in diet, particularly a hearty supper, are responsible for poor sleep. Consequently, many children's appetites are curbed, the supper is a very light and an early meal, the

child being sent to bed with an empty stomach to grind upon itself and tease the brain with importunity until morning.

Few children, properly cared for, eat too much. A great many are unintentionally starved, and show it in their attenuated forms and poorly-organized tissues. Growing children can manage a great deal of nutritious food if they get fresh air, exercise and recreation in proportion.

The work of digestion is not completed in the digestive organs, but in the *lungs*. Food eaten does not begin to nourish the body until it becomes bright red arterial blood in the *lungs*. The product of digestion is an unassimilable lymph, an obstruction to the circulation, a useless thing until it is oxygenized. This requires fresh air and plenty of it.

A well-nourished brain sleeps dreamlessly. This requires an even circulation of well airified blood. Ill-ventilated sleeping-rooms is the chief cause of bad dreams, morning headaches, nausea, bad taste, "all gone" feeling, etc.

Many people think that opening a single window in a bed room for half-hour in the morning is ample ventilation. Children are thoughtlessly chucked into any oppressive corner, or stagnant closet-room, where Nature causes them to protest unintelligibly and unavailingly the whole night long.

Fresh air seldom causes colds until the system has been weakened by bad air and overheated rooms. The system can soon be inured to it by avoiding draughts. Never stand a bed in a corner. Secure a current of fresh air through the room, screening the bed, if necessary, so as to break its force and diffuse it. Provide plenty of light, but warm, bed-clothing, and notice how quickly your patient's feverish, troubled sleep changes for the better.

Much of the anemia, the various neuroses, the stunted development and moral obliquity which trouble childhood, are the result of disturbed sleep, injudicious feeding and *a lack of fresh air*.

Growing Popularity.

The BRIEF continues to grow in popular favor. And we feel very much encouraged in our efforts to please the profession.

The Humanitarian Point of View.

The comparison between Boer and Briton, made by the *London Lancet*, to the advantage of the Boer, shows how judgment is affected by the standards we employ.

To the writer of that article animal force is preferable to quick sensibilities, and a narrow, primitive but robust life, the superior of a progressive, humanizing civilization.

Viewed superficially, the burly Boer, with his abundance of blood and flesh, his animal spirits, his rude energy, his despotic will, seems a striking and impressive figure. But these qualities are *irresponsible*. They are primal; the natural product of fresh air, a free, wild life and a hearty stomach. They are common to all the denizens of the woods. They can not stand the test of advancing civilization. They befit war and the chase alone. They are splendidly barbaric. They do not permit of the development of character, the culture of soul, the wise discharge of responsibility, the just exercise of legislative and administrative powers. For these, imagination, quick and intelligent sympathies, the moral powers, a sweet and broad spirit, are required.

The sensitive Anglo-Saxon has more understanding, more administrative power, more civil ability, more humanity in his little finger than the Boer in his great body. This is not so much the *fault* of the Boer. He is simply a couple of centuries behind the Anglo-Saxon in refinement and character growth. In the Boer, the animal propensities have been given free sway in his wild, rude life. The Boers have indulged their natural tastes and inclinations fully, feeling no need to repress the lower and develop the higher nature.

The *Lancet* credits the Boers with being less nervous than the English. That is because they are more lymphatic and mentally less acute. Their forces are constantly going out along accustomed channels. None are utilized in higher development. Their lack of familiarity with the vices of civilization has also something to do with it.

With the passing of barbarism, races of the Boer type are less and less in demand. Fewer wars and a change of

war methods, the invention of labor-saving machinery, the numerous comforts and luxuries which even the poor enioy to-day, are gradually purging life of its ugliness, its misery and privation. The future promises beauty, culture, happiness for all. But not at the hands of a people like the Boers, full of themselves and consequently tyrannous and unfeeling by nature. The Anglo-Saxons are the only people in the world who understand government. Liberty, and its fruits, is in their blood, and will out.

Monotony is Deadening.

Dullness, a monotonous routine, a stagnant atmosphere of life, are exceedingly bad for the health. Active, changing emotions, a variety of sensations, if not carried to the extreme of dissipation, are very beneficial. There is a refreshment of all the faculties and parts obtained from diversion, change of scene, environment and habits, which can be gotten in no other way.

A monotonous life predisposes to degeneration. Mental zest is lost, and with it that quickening power which mind alone can lend to all our concerns. A rational degree of excitement, novelty, expectancy, etc., is essential to the proper circulation of the blood and of nervous energy. Taste, appetite, relish, are gradually impaired by a dull, eventless life. Indifference and heaviness take the place of enthusiasm and energetic performance. We gradually sink, like clods, back into the earth for which we have developed an overpowering affinity.

The craving for excitement is so natural that we find people denied by circumstances, healthful recreations and amusements, the occasional needed vacation, picking quarrels, magnifying trifles, resorting to vices, to create some new interest. Follies innumerable, pet weaknesses, etc., are fostered and cherished as means of creating disturbances, and so ventilating the stagnant moral atmosphere.

The physician should bear all this in mind in treating chronic invalids, and insist upon some radical, if temporary, change in their mode of life and surroundings. There will be a struggle, because people become tenacious of a set way of life as their energies decline. They are unwilling to make an effort to regain normal vitality. They will not, if they can help it, give up the little comforts which are really injuring them by decreasing the necessity for effort.

The first steps back to health on the part of invalids are necessarily discomfort, weariness, pain, sensations which are exchanged for buoyancy and exhilaration as strength builds up and courage increases.

Rout out your chronic invalids. Insist on their going where they will be compelled to put forth a certain amount of effort, and experience certain new feelings and sensations. By stopping short of fatigue each day, they will derive nothing but benefit from the experiment. They will assure you, of course, that it will kill them; that they are too weak to do anything or go anywhere, but none of us know what we can do, or stand, until the emergency arises, and there is a wonderful and pleasant stimulus about this same emergency. People are often astonished at their own powers when the necessity is laid on them to use these powers to a purpose. A series of small shocks is a mighty good thing for people who have become morbidly self-centered.

The War on Consumptives.

The Trenton (N. J.) Board of Health has arbitrarily declared consumption contagious, ranking it with small-pox, yellow fever and similar diseases.

The Board provides for the isolation and disinfection of consumptives, together with the confiscation and destruction of their personal property as a suspected medium of contagion.

Physicians are ordered to report all suspected cases of consumption within thirty days, failing which they are liable to fine and imprisonment.

This arbitrary action of the Health Board makes no allowance for the *fact* that the medical profession does not believe that consumption is contagious; or for that other fact that there is absolutely no *evidence* to support such a sweeping declaration. With egotism, unrivalled outside of Russia or Germany, the Health Board orders the profession to *assume* that consumption is contagious

because *it* says so, and to *act* on that assumption on pain of punishment and disgrace.

The role of detective is not an especially grateful one to physicians, many of whom labor under the impression that it is their principal business to mitigate suffering and make life more tolerable to those who live under the ban of disease.

As for consumptives, it would simplify matters for health boards to order them shot as soon as convicted, for the "good of humanity," and as they are to be convicted as soon as suspected, coughing and spitting will soon wear the color of crime. Doubtless, the consumptive will be as well satisfied with this summary disposition of himself, for what is life worth without personal liberty, especially to the most sensitive, fragile, and oftentimes talented class we have?

The meeting of a health board is beginning to assume the gravity of a secret sitting of the Spanish Inquisition. The profession has an uneasy consciousness that their liberties and prerogatives are continually attacked, and themselves placed in a ludicrous and humiliating position. The great body of the profession does not believe that consumption is contagious, is sure antitoxin is a fake, bacteriology a humbug, and health boards mere sensation-mongers. But the fanatics, enthusiasts and self-interested advocates, whose bread, butter and reputations are involved in these things, talk about them so seriously, and with such wealth of detail, the common-sense of the profession hardly knows whether to laugh, to be impatient, or to fight.

But common-sense is so long-suffering and far-seeing it hesitates to act. To common-sense the shifts of health boards are transparent, the labors and enthusiasms of bacteriologists and serum-therapists seem petty, and short-lived at best. But it is not well that the common-sense of a great profession should be misrepresented by health board politicians and a handful of notoriety-seeking, pseudo-scientists. Let the sensible, moderate men of the profession put themselves on record and resist the unwarranted attitude of health boards in declaring consumption contagious.

Reaction Against Bacteriology.

At the Annual Meeting of the British Medical Association, Dr. George Wilson, an eminent and able English physician, delivered a powerful arraignment of bacteriology and serum therapeutics.

He pointed out the failure of bacteriology to do anything practical in the way of diminishing of ameliorating disease. Pasteur's treatment for hydrophobia is the merest charlatanism. Koch's tuberculin cure never had more than a temporary vogue among irrational enthusiasts. Even much-talked-of antitoxin is no longer seriously regarded, except by those who have some axe to grind in pushing it. As for tetanus serum, pneumococcic, puerperal and yellow fever serums, they were such unmitigated failures that few had courage to advocate their cause.

Bacteriology contains the fatal flaw of ecclesiastical science. It is based upon assertion, bolstered up by authority. It is defended and upheld by partisans, who make up their minds about its claims first and investigate afterwards. But like all half-truths, it has come to judgment at the hands of impartial observers.

Seeing to what extremes, and into what errors, a rash belief in bacteriology was likely to carry the profession, a number of well-balanced, unbiased minds, have set themselves to see what there really is in the so-called science.

These latter-day investigators have disposed in short order of bacteriology's claim to be considered the cause of disease. Where a specific germ was claimed to cause a specific lesion, independent investigators, working separately, have demonstrated, over and over, the presence of other germs at times, and the absence of the specific germ, in diseases clinically identical, at others. It is becoming more and more clear that what was laid down as a law in bacterial pathology was simply a hasty generalization from a few instances, by men in whom judgment is at the mercy of an ardent temperament.

Bacteriology will slowly, but surely and steadily, become generally discredited. And of a necessity serum therapeutics must go with it. Reaction is well under way. The pendulum will

swing back. We shall review our work during the past half century, compare it with that of our fathers, try to cull the best from both, and reorganize our practice in the light of common-sense and experience. There is nothing like a foolish departure for stimulating common-sense and bringing out all the prudence and conservatism in the background.

Warm Weather Nerves.

June, the month of roses, is, like September, a period of great discomfort to many people. The stimulating influences of spring have reacted into weakness. There is mental prostration and indifference, broken sleep, cold in the head, or on the lungs, bowel, bladder or kidney derangement.

The condition is purely nervous, but if allowed to go untreated often drags on for some weeks, causing much suffering, functional irregularities, and impairing one's working capacity.

The difficulty in concentrating attention, the unwillingness to apply one's self, the aimless restlessness, the jumping at sudden sounds, the causeless irritability, the foolish antagonism excited by the mere presence of people, the desire to smash something—these and a hundred like symptoms are indicative of a highly nervous state—the result of subtle influences, atmospheric, seasonal and tidal in their nature—recurring periodically, and having little reference to the constitution and general health, which are usually unimpaired.

To relieve these extremely unpleasant symptoms, there is no better remedy than Celerina. It seems to have been made exactly for this purpose. It proceeds directly to the right spot and seems to embalm the individual in a soothing, mildly exhilarating influence. The rasping and the jangling, the deadly indifference and hostility, all melt away. The individual concludes to postpone his suicide for a more convenient season. He suddenly awakes to the fact that there is more to do than he thought, that he actually has a few friends, and that there are agreeable ways of passing the time.

When we prescribe and hit just the right remedy—as Celerina does these uncomfortable cases—what a glowing, swelling sensation it causes in the left chest! How it strengthens our faith in medicine, in mankind, and in the reality of knowledge itself!

Inactive Kidneys.

Renal insufficiency is one of the commonest causes of a white, pasty tongue, dyspepsia, a weak feeling, a feverish condition, a proneness to headache and insomnia.

When you have given cathartics and antiseptics to clean out the alimentary canal. When you have given digestive and nerve tonics in endless variety, and your patient is little, if any, better than he was at the outset. When you feel that you do not understand the case, and your patient is thoroughly discouraged, then examine the urine, not once, but systematically. The chances are you will find a *degree of uremia*.

It is this uremia which is responsible for the feverishness, the clouded and emotional mental condition, the headaches, the weak and tired feeling, the obstinate indigestion.

Improve the action of the kidneys, get rid of the poisons circulating in the blood, and health will be speedily restored. No amount of treatment will be of any permanent benefit which does not touch the essential lesion—the renal insufficiency.

Lithiated Hydrangea is an old favorite with the profession for regulating and improving the action of the kidneys. It has done yeoman service in our hands. It should be alternated with Sanmetto where patients are very nervous. Where anemia is marked, preparations of iron, especially the muriated tincture and the bitter wine, are of assistance. The citrate of caffeine goes well with it where there is a low-tension pulse and relaxed state of the circulation generally. On the other hand, a hard pulse, with symptoms of mental excitement and stubborn insomnia, are benefited by the addition of small doses—fifteen to twenty drops—of Bromidia to each drachm of Lithiated Hydrangea.

Gonorrhea.

When the silver salts, protargol, argonin, largin and others, were first brought to the attention of the profession in the treatment of gonorrhea, they were received with favor on theoretical considerations. But an extensive trial has demonstrated their inefficiency.

The mineral salts are not suited to the treatment of gonorrhea. Strong injections should never be used in this disease. They do more harm than good—often setting up a reactionary inflammation of a chronic nature, which ends in stricture, gleet, prostatic hardening. These things are equally true and applicable to cases where injections of the silver salts are followed by apparent temporary improvement. It seems that the use of mineral astringents impairs the *vitality* of the parts.

In gonorrhea, the indications are to secure cleanliness, disinfection and a mild astringent effect. The best injection to fulfill these indications is that old, prime favorite, familiar to every doctor in the civilized world, to-wit:

R Kennedy's Dark Pinus Canadensis ..... 1 ounce.
Listerine ..... ½ ounce.
Aquæ Dest ..... 6½ ounces.
M.

With this injection, use Sanmetto internally, teaspoonful three or four times a day, to subdue the irritation and restore the circulation of parts to the normal state.

Experience demonstrates that no treatment has ever been devised to improve upon this. If it fails, the doctor can feel positive that the patient is imprudent in diet, hygiene or habits, is neglecting treatment, or has some other pathological condition, such as constipation, portal obstruction, etc., to hinder a cure, and which, of course, would require separate treatment.

To Stop Old Age.

The scientific world is all agog over Prof. Metschnikoff's wonderful discoveries to keep off old age.

A man with a name like that might almost be excused for perpetrating any folly. We have practiced a certain sneeze which we always get off when occasion rises to mention it.

The first sentence of this article is plagiarized. The men referred to by the average reporter as constituting the scientific world do not know what science is. So far from trying to see things as they are, to be guided by facts and experience in coming to conclusions, trying to avoid prejudice, partiality, dogmatism and self-interest, they resort to inventive art for facts, experience, conclusions, and everything else.

Medical science—at least the kind that comes from Continental Europe—is a work of fiction, dignified by technical operations, laboratory experiments and erudite terms which impress the uninitiated. Verbal labyrinths, in which investigators like Metschnikoff contrive to lose any idea they may have started out to express, look so formidable to the average understanding that most people prefer to take the idea for granted, rather than undergo the effort of elucidating it. But the stubborn Anglo-Saxon will not sell his birthright of understanding so cheaply to self-constituted authority.

Shed of its mystifying phraseology, Prof. Metschnikoff's idea is that old age can be retarded by injecting serum from young animals to properly nourish the cells and retard degeneration.

This theory is not a matter of knowledge, but pure superstition. It is akin to that which once taught that beauty can be preserved by bathing in the blood of a young child. Such theories are in relentless antagonism to Anglo-Saxon ideas of evolution and development through work and progress in harmony with Nature's laws.

It is strange how the superstitious minds of Continental investigators bias and circumscribe all their endeavors. It seems impossible for them to adopt the purely impersonal attitude of true science. Man as his own creator and savior, asking nothing but light, liberty and opportunity, is a conception beyond their grasp. They have no realizing sense of the limitations of art where it conflicts with Nature's principles and purposes. The inseparable, inexorable relation of humanity to natural law is a dead letter to them. The scientists of Continental Europe lack sanity and

balance; consequently, all their doctrines and beliefs are tainted.

When an Anglo-Saxon makes a discovery, he is its most merciless critic. He searches unsparingly for the weak spot, subjects his idea to all kinds of tests, before he makes it public. For this reason, genuine, enduring progress, is always Anglo-Saxon. But Continental scientists are so lacking in humor, such lovers of self and admirers of their own talents, or else such simple-minded prattlers, that they incontinently hasten to celebrate and toast themselves in print before the poor discovery has time to send out roots, much less bear fruit.

The chances are that men will continue to grow old and die, even Prof. Metschnikoff himself, despite this last "wonderful discovery."

Getting to Sleep.

The nervous organization of people decrees, to a large extent, what their lives and experiences shall be. This is notably true in the matter of sleep.

Some people are born fidgets, and can not lie still long enough to go to sleep unless very tired. Colder temperaments fire up slowly, and cool deliberately. By night their faculties are just sufficiently roused, the circulation just enough heated to make them wakeful until the small hours of the morning, when the tide turns and they are prepared to sleep late.

These are natural conditions and differences which the individual must meet, as far as he can, by adapting his life to his nature. But there are other diseased states of the nervous system requiring treatment to subdue them. Sleep is the best medicine a man can have, and must be secured—if not by natural means, then by drugs. It does less harm to take a good hypnotic, like Bromidia, than to lie tossing, fretting, restless, vigilant all through the long, dark, dreary hours. In such a case a man's mind is too disordered, or too exhausted, to concentrate it on anything, or to admit of diversion, and the hours devoted to sleep become waking nightmares.

Physiological measures are useful in conquering insomnia, and should be used in conjunction with the hypnotic, that the latter may be discontinued as soon as possible.

No pillow under the head answers for some cases; others require to be raised almost to a sitting posture.

A hot foot-bath, wrapping the legs and the abdomen in heated flannels, a warm enema just before retiring, a little hot milk or broth, are measures which will often ensure sleep.

Hard intellectual work, emotional excitement, especially the depressing emotions, as anger, grief, anxiety, etc., late and heavy suppers, tend to preclude sleep.

A well-ventilated, dark, still room, and a comfortable bed, are essential to nervous patients. Such must, also, cultivate the ability to stop thinking at will, relax mind and body, and compose themselves to sleep, as they proceed about any other duty.

Burning of the feet is complained of as a cause of wakefulness. This may be allayed by soaking them in a bowl of cold water, to which a teaspoonful of acetate of zinc has been added. Weariness and heaviness in the feet are helped by elevating them on a pillow.

A slight chilling, best secured by standing out in the open air, breathing deeply and slowly for a few minutes, will often secure sleep for excitable natures. The soothing influence of the cool night air, the warmth and relaxing effect of bed, combine to induce sleep promptly.

Judgment and discretion must be shown in acting on this suggestion to avoid taking cold.

When personal peculiarities have been met by appropriate measures, and still the patient can not sleep, do not hesitate to give Bromidia in hypnotic doses. At the same time carefully examine the urine with microscope and analytic tests. Also look into the state of the circulatory apparatus. Atheroma of the arteries is prolific of insomnia. In the start it can be cured or held in check, by the use of some good uric acid eliminator, of which Lithiated Hydrangea is the type.

It is an old and satisfactory custom of the writer to combine this remedy with Bromidia in suitable cases of insomnia. By so doing, smaller doses of Bromidia are required, and the Lithiated Hydrangea goes to the root of the matter, eradicating the cause of the insomnia.

Conformity.

Conformity is fatal in the exercise of the liberal professions—especially medcine.

To the carpenter and surveyor, rule and line are essential, but the physician must be able to grasp and deal with every new situation and problem as it comes up in his experience. Original and independent thought, alone, will furnish him the true key to success. Without this gift we can not make an intelligent use of the teachings of others. Mere conformity makes blockheads and blunderers. Dependence upon authority is misleading and unsafe unless it is the man's truth we revere, not his personality or position.

The man who follows authority blindly does not know why he is doing what he does, and if results vary in the least from what he has been told to expect, he is helpless. He can not adapt his knowledge to the ends in view because it is only skin deep. He is a mere machine, and when the band slips off he must stop.

These are the men who do big consultation practices. That is to say, they are always needing help. Every emergency, or new development in a disease, phases them, and they must send out for aid. They are largely the product of cities. They affiliate, form a ring, and keep patients circulating that the bread of all may be buttered.

The curse of conformity is on them, and with the natural vanity of mankind, they make a virtue of it. They cry down, ridicule and ostracise the nonconformist, the independent thinker—if they can.

Conformity breeds fads naturally and inevitably. When the bell-wether rings, the conformists flock in the direction of the sound, without stopping to inquire into the reasonableness of their action. All of us remember how multitudes flocked to Berlin in response to Prof. Koch's tinkle. Those who could not get there, did not hesitate to endorse his theories and his wonderful discoveries.

Conformity is the bane of medicine, as it has always been the greatest obstacle to progress. Conformity is not conservatism, which is selective. It is a curious compound in which superficiality, vanity, intellectual feebleness and weakness of character are strangely blended.

Do not be a conformist. Search for knowledge everywhere—in the by-ways as well as on the great high-roads. If you have faith in the teachings of any man, examine them on their merits and then individualize them. Then the knowledge becomes your own, and you can use it honestly and intelligently.

Intestinal Antisepsis.

It is not always easy to determine when we are advancing, when retrograding, or merely changing, in our methods of practice. It is reasonably certain, however, that intestinal antisepsis, so enthusiastically advocated by many, is of real, practical value, and merits the stamp of progress.

To be sure, normal digestion and bowel regularity are the best means of keeping the intestinal tract wholesome, but there are many neuroses of digestion, constitutional and ineradicable, which cause depraved digestive secretions, and of which the treatment is, and must be, merely palliative.

In these cases, drugs which hold the fermentative and putrefactive processes in check are a real boon. They prevent the uncomfortable distension of stomach and bowels, the generation and absorption of acrid and poisonous substances, with the resultant changes in mucous membranes, and disturbance of function; also, the occurrence of a great variety of morbid reflexes from the alimentary tract, simulating nearly every known disease.

Numerous functional disorders, nervous prostration, anemia, etc., are the result of self-poisoning by absorption of morbid products from the intestinal canal. Low fevers and mild degrees of sepsis often have no other origin. Mental aberrations and alien moods can frequently be traced to the same cause.

Where treatment of the digestive and eliminative organs, with regulation of diet and hygiene, fails to produce permanent improvement in these patients, give them a teaspoonful of Listerine one or two hours after meals. This is especially indicated where slight fever-

ishness is observed during the afternoon or evening.

Intestinal antisepsis is of great value during the summer months, because the digestive organs are feeble and relaxed. This is the season when neurotic disturbances easily arise in the digestive organs, and finding there a state of things favorable to anarchy, the whole system is rapidly saturated with inflammable products, and fever bursts forth.

Keep your patients' interior clean and wholesome. Then when temporary weakness and depression seize on them, a few days' rest will restore them, in lieu of the usual three to six weeks of fever, with tedious convalescence.

Employment Monopoly.

Americans are an easy-going people. Comparatively few of them realize the very serious state of affairs implied in the growth of Unionism. America is so young and undeveloped, so vast, has such great natural wealth, a climate so favorable, and a soil so fruitful, that we have never yet felt, in earnest, the stress and pinch which result as civilization ages.

But it is on us, whether we realize it or not, and Unionism is one of its dangerous manifestations, which will require all our patience and all our wisdom to handle.

The fundamental principles of Unionism are: That no man shall be allowed to work for his living unless he belongs to a Union. Second, that no employer shall be allowed to hire a workman unless the workman is Union-branded

This brings us to the point that, if we recognize these demands, America will be practically *governed* by Labor Trusts.

Of all the monopolies on earth, a *labor monopoly* would be the most terrible. Our Constitution guarantees every man's right to earn his living in any lawful way. Moreover, this inalienable right is the unwritten foundational law of all civilized societies. Deprive men, by any means, of the right to work honestly, spend freely and hold inviolate the fruits of their labor, and we at once make slaves, thieves, brigands, assassins of them.

Any man, or association of men, who seeks to gainsay or prevent other men from working, unconditioned and unhampered, is an Anarchist at heart, sowing seeds of strife, bloodshed and retribution. There is no tyranny which surpasses, or equals, Unionism, when it seeks to monopolize labor. It attacks all the virtues in their stronghold of law and order. In enforcing its tyrannical demands, it lets loose all the forces of anarchy. Tumult, incendiary speeches, rioting, destructive deeds. Labor Unions and their sympathizers are firmly of the belief that crime is not crime when committed by them to attain their ends.

The Unions can not be compelled to admit men to membership, and a member may be suspended at any time. During his suspension and previous to his admittance, a man can not work. Private grudges may lead to the formation of a conspiracy against a member, and he becomes helpless. He can not work, and he has no means of redress. The Union is responsible to no one. The people who do not belong to it have no protection from the laws which they obey.

Scarcely a day passes that we do not hear from one or more physicians whose constitutional rights are infringed by some medical Union, so soon as he sets foot across a State line, advertises his specialty and location, or shows in any way that he is a live man, accustomed to think and act for himself.

It is time for us to realize that our rights as men, and as Americans, are in peril. We have got to make every effort to preserve them, or we may find ourselves once more involved in the horrors of civil war.

In Medias Res.

The tendency of mankind is to go to extremes. Because bugs cause itch and some other diseases, they jump to the conclusion that bugs cause *all* diseases.

Because vaccine virus can give a person small-pox in a modified form, and thus produce some protection, for a time, against having the disease a second time, the fact is twisted in favor

of numerous serums, none of which has ever been proved to do any good, without an antiseptic is combined with it.

Because one wife is a good thing does not prove that half a dozen wives is a better thing, as Mormons, Mohammedans and numerous other sects believe.

Because the union of one man and one woman constitutes the best foundation for society does not prove that the union principle can be so extended as to furnish an equitable and infallible solution of economic and social problems and relations.

Consolidation of interests and co-operation in action must necessarily be limited, or the natural balance of power among men is disturbed. Natural principles of growth and evolution are impeded. Then suffering and oppression are the inevitable results. Human nature will have to take on incorruption before liberty and human rights will be safe in the hands of large organizations, wielding arbitrary power. The small corporation is the golden mean in combinations. Trusts and Labor Unions are the extremes—dangerous in their tendencies and latent power.

Because religion is a boon to man, fanaticism is not justified in persecuting and killing men because they refuse to embrace a particular variety.

Some of our best medicines are curative in small doses but lethal in large.

Eating is necessary to preserve life, but we can dig our graves with our teeth.

Bathing is essential to health, but vitality can be exhausted by overdoing it.

Moderate exercise is beneficial, but the excesses of many athletes cripple health and sometimes kill.

Sleep itself, that blessing of nature, in excess, causes a fatal disease.

Extremism will pervert the nature of any good, and were it not for conservatism, and the constant growth of reactionary sentiment, we should make little real progress. Those of us who are familiar with human nature and the world's history, will clothe our spirits with moderation, and look for the truth where it is always to be found—in the middle.

Irresponsible Power.

There is an old saying to the effect: "Put a beggar on horseback and he will ride straight to the devil." This sounds harsh, but experience teaches that few men can bear sudden prosperity, and arbitrary power is a yet more crucial test of character.

The history of many labor unions shows how ill-fitted they are to wield the power they have usurped. The protection they afford their constituents is of the kind given by the double-edged sword. They are continually injuring the cause of labor by ill-advised and profitless strikes. The true interests of the individual worker are submerged and disregarded in striving for some imaginary good. He is constantly hoodwinked, and made to believe that the advancement of the union is more to him than steady employment, home comforts, independence, the welfare of wife and children.

The cause of labor is an honorable and a meritorious one. The laborer is worthy of his hire, but the price of labor, and the conditions under which it is performed, are largely under the operations of natural laws. These laws are inseparable from the nature of the work. Attempts to artificially juggle with them react to the disadvantage of all concerned. Strikes, boycotts, riots, are all boomerangs. They cut the ground from under the feet of labor. They cause widespread disturbance of economic and commercial conditions and then come home to roost.

This, short-sighted labor union officials do not see. Or else they do not care. To make trouble and attract attention is their particular business. But the unfortunate men who confide their interests to the hands of commissioned busy-bodies and mischief-makers are thrown out of work for slight provocation or none. And the public suffers inconvenience, danger and loss.

We have had a great deal of talk about Anti-Trust Legislation. How would it be to have the States pass Strike Laws, authorizing the Commonwealth to proceed against Unions, which can not show good cause for striking, as enemies of public peace? Such a law would serve to make Unions think twice

before plunging a community into distress. Some remedy should certainly be provided for boycotts. They are open violations of law and make the innocent and disinterested suffer without warrant or indemnification.

Unionism—Individualism.

Must Americans lose all their liberties by Unionism? The Republic was established by individuals for individuals. Unionism, in its essence, is simply tyranny—the tyranny of a mass against the atom.

Let it not be supposed that Unionism merely represents the cause of labor. It is the engine of a class. It assumes and seeks to exercise power in favor of that class which pays toll to it and submits to its dominion, while making war on the independent worker, cutting off his bread, and menacing all who dare to exercise individual sovereignty in opposition to this arbitrary power.

Agitation, discontent, controversy, etc., are the elements which keep Unions alive. They are not, as a rule, orderly, useful, working organizations, because artificial in aims and motives. There can not, in nature, be a permanent union of material interests with a large number of men. Such an association is non-progressive and retroactive. Union members are banded together and kept in sympathy by a common distrust and antagonism directed against their employers, capital in general, and non-union labor. These unhealthy feelings are judiciously manipulated and fomented by union officials, so that they are readily ignited by the walking delegate.

Medical men have suffered, and are suffering, from the tyranny of Unionism, as wielded by Health Boards. They can not move from one State to another and practice their profession. They can not insert a simple card in a newspaper, giving specialty, location and office hours, without incurring the danger of having their licenses revoked. If they refuse to use filth remedies, such as antitoxin, they are liable to prosecution. In some States, failure to report cases of consumption to the Health Board exposes them to fine and imprisonment.

Where are our boasted liberties when women can not ride on street cars without the permission of the walking delegate, or a man cough without danger of being arrested by Health Board officials?

A return to the individualism of the fathers is our only hope. Individualism stands on its own merits and fights its own battles without fear or favor. Such an individual is capable of, and used to, self-government. Upon him, and his kind, depends the perpetuation of free institutions.

Political Responsibility.

The theory of individual sovereignty and self-government turns out a misfit when applied to our imported foreign population. Men bred under the force ideas of Continental European governments turn out tyrants by nature, when transported to an atmosphere of liberty and equal rights.

But this is only what we might have expected. What the history of the world teaches. We should have prepared for it by making the conditions of citizenship in America hard enough to make men appreciate their political responsibility, and seek to discharge it in something of the same spirit which animated the founders of the Republic.

America has kept open house, dispensing her privileges and immunities freely to whosoever asked, without question, and her hospitality has been sadly abused. Men come here in boatloads from Continental Europe to better their condition. And no sooner are they intrenched, and begin to prosper, than they start to work to pervert American principles of government and corrupt free institutions, for their own private advantage.

Political responsibility is none the less real because it is an abstract duty. Unless this responsibility is judiciously exercised the Constitution does not, and can not, protect our liberties. We are so pleased with this great monument to our good intentions, that we repose in fancied security and point to it with pride as an impregnable bulwark. But how few disputes and differences ever reach the Supreme Court! Every day injustices are perpetrated by officials of un-American nature.

If political responsibility were felt and realized as the price of good government, character rather than politics

would be the great desideratum in candidates. We should see less tolerant cynicism and a more exacting public opinion. American good-nature partakes of weakness and moral laxity. We seem to feel that, because we take little interest in, or make little effort at reform, we ought not to expect much. And we get what we expect. Our State and municipal governments, given over to foreigners who have not assimilated even the preamble of our famous Constitution, prove that.

We are all of us stockholders in this great, grand country of ours, and our political interests, while immaterial in their nature, and not readily weighed in commercial balances, are just as real and important as those, more substantial ones, nearer to hand. Perhaps strikes and riots are useful to demonstrate this. It is easy to appeciate bad government when we see its results illustrated on every hand.

Let us honor our political responsibility with a more conscientious observance. Fill our offices with strong men, men who have demonstrated their Americanism, and so do what we can to avoid the agitations and disturbances which derange the body politic to the injury of us all.

Lymphatism.

An over-development and morbid affection of the lymphatic system is at the bottom of many diseases, especially chronic troubles and diseases which recur periodically, such as tonsillitis and rheumatism.

Normally, most of the food we eat is intended to be turned into power and used by the nervous system. Hence foods which break up readily, yielding a large percentage of heat, are most necessary. As long as this heat power is regularly used up by various activities, food is burnt and disposed of and the lymphatic system continues healthy. But let this person begin a sedentary, or one-sided life, and derangement soon follows. If appetite and digestion are good, energy accumulates in the nerve-centers, not being used up in active pursuits. Then the nerve-centres become perverted, unduly irritable, and this energy leaks in various unpleasant ways, or escapes in spasmodic crises of disease. Or it may turn and attack the nerve-centres themselves, causing central disease. Hysteria, neurosis, epilepsy, sclerosis and softening of nerve tissue, are illustrations.

Before any of these diseases can have become established in the system, there must be a previous history, personal or hereditary, of over-feeding and under-activity, breeding lymphatism.

Over-worked digestive organs prepare large quantities of lymph, but the quickening of the circulation by exercise and large draughts of fresh air are needed to turn it into blood. Lymph not converted into blood will be deposited as a tallowy fat, tubercle, or other product of degeneration. It can not nourish the tissues or convert waste for elimination, because lymph is not blood until the lungs have acted on it.

For the same reason, it can not furnish the glandular system normal secretions. It can not furnish heat and stimulus to the nervous system. But it overstimulates lymphatic structures throughout the body. Lymphatic glands hypertrophy, the spleen enlarges, the production of white blood corpuscles is greatly increased, lymphatic follicles and nodules spring up everywhere like weeds. They choke up the nose and throat, fill the mesentery, crowd the mucous membranes and destroy the lungs.

An inactive, indoor life and lymphatism are twins. Lymphatism is the parent of most of the degenerations and many of the neuroses. This is particularly true of rheumatism, obesity, Bright's disease, mucous disease of all the organs, certain forms of obstinate constipation, neuralgias, etc. It is a strong factor in cancer.

Look for the stigma of lymphatism in your patients. The people who look stout and well-nourished, but are pale, susceptible to cold, complain of rheumatic pains, have passive and powerless temperaments, they have it. The thin people with pasty, sodden skins, weeping eyes, catarrhal membranes, capricious appetites and uncertain moods, they have it, too.

Medicines, intelligently selected, and diet, particularly fruit, will modify and ameliorate the results of lymphatism; but to root it out, systematic and versatile activity of mind and body are necessary.

Inquiry Department.

General Catarrh.

QUESTION:—I appeal to the Editor and BRIEF readers for counsel in the following case:

Male, aged twenty-three; five feet eight inches high; weighs one hundred and fifty-one pounds. Family history not good. Mother died of phthisis. Has had nasal catarrh for some time. Sprays and douches do not seem to benefit post nasal dropping, catarrhal condition of the trachea aggravated by talking or laughing. At times difficult breathing, pain and tightness in chest, vesicular murmurs—sibilant râles in small tubes. At times the whistling sound is heard all over the chest. Occasional short cough, with now and then expectoration, having a few traces of tubercle-bacilla.

I am sure lungs are normal. Pulse is regular. Bowels rather constipated. Looks real well, and is able to do quite severe physical labor. Feels very well physically. Has been taking Syrup Hypophosphite Comp. (Fellows') for the pain on chest (which has entirely disappeared). He has taken:

R	Atrophiæ Sulph	1-25 grain.
	Strych. Sulph.....	1-8 grain.
	Quiniæ Sulph 20	grains.
	Phenacetin.....11	grains.

Mix et fiat pil., No. 11.

Sig.: One pill four times a day.

For tightness in chest and cough, he has taken, with very little benefit:

R	Heroin	1 grain.
	Terpin Hydrate.....40	grains.

Mix fiat pill, No. 20.

Sig.: One pill four times a day.

Now if you will diagnose the case and suggest a remedy I will be grateful to you.

Penn. H. J. K.

ANSWER:—A case for hygiene and development more than medicine. Use a solution of silver nitrate for the catarrh, wash out nose with carbolized water to modify sensation before using the silver solution. If there are lymphoid growths in the nose or throat, they must be removed. Enlarged tonsils must be reduced. They are responsible for many cases of phthisis, shutting off the patient's air supply.

A short daily walk and moderate symmetrical development of muscular system indicated to lessen irritability of nerve-centres. Toughen skin by friction and brief exposures to air. Fats—all the butter, cream and breakfast bacon he can manage. Give Seng to help the assimilation of these. It is a fine digestant and never deranges the stomach. Give plenty of fruit-juices. Fats and fruits between them should regulate bowels, but twice a week flush them. Phthisical subjects prone to auto-infection. Flannel underwear. Freshly prepared Basham's Mixture, wineglassful doses three times daily, will clear up any recent consolidation of lungs.

For the tightness and cough, apply mustard plaster to nape of neck and a large one over lungs. Then give ten grains ammonium benzoate in half a glass of water every three hours.—ED.

Chronic Auto-Infection.

QUESTION:—A. Y. E., aged twenty-eight. Lost her parents when a child. Never well. Would break down and get a rest and some treatment, then get well enough to drag around for another while. Has been in the Edinburgh Infirmary, and treated by different physicians.

Came to Canada five years ago. Shortly after coming had an attack of what her physician called bilious fever. Sent to me by one of the male physicians under whose care she had been for the removal of a polypus from the nose. She was suffering from endometritis and some anteflexion. Dilated and curetted after building her up a little. Had severe indigestion, was always short of breath, and looked worn and dragged.

A few years ago, while rooming alone, without work—and unable to do it if she had it—she went two weeks past her time for menstruation, and suddenly, after passing some almost sleepless nights, she seemed to have a fit of temporary mental aberration. She remembers her terrible mental and bodily anguish part of the time, but of the greater part she has no recollection. In a few days when menstruation was re-established she recovered.

About two years ago, had an attack of colitis, and since then passes pieces of membrane from the bowels. It is almost impossible to make them move with any medicine. Feeling satisfied that no one had yet diagnosed the original cause of trouble, I persuaded her to see what I considered an excellent diagnostician in a city some hundreds of miles away.

He diagnosed emphysema, and as she had never complained of any trouble with her lungs, the fact caused physicians to be careless in their examinations. He said the condition of her lungs must have been so at birth, and as she had always lived where the atmosphere was damp, she had suffered the natural consequences.

Present condition—she is very poorly developed muscularly—looks dragged and worn, tongue thick and trembling, and coated a light yellow, belching of gas after eating. Obstinate constipation, and passing membranes, at times a prolapsis of abdominal and pelvic organs. Great pains at menstrual period.

The doctor who examined her last said she was also suffering from chronic malaria. He used rarefied air for her, and we took the instrument home with us. She uses it occasionally, and derives benefit from it.

For a short time after coming home she gained, but some worry arose and she lost hope, and declares she cannot get well.

It is an ideal case for sanitarium treatment, but she has not the means to take that. I have wanted her to use the Ralston exercises, take electricity, tonics, etc., but she does not care to do any of this. I persistently made her do it for a time, but it got very discouraging, as she had no hope or faith left. Do you know of any sanitarium where treatment is reasonable? Would you recommend any? Please outline plan of treatment for her. CANADIAN.

ANSWER:—Deficient elimination and a prostration of nerve power. Tissues sodden with septic matter. Blood impoverished.

℞ Acid. Phosphoric Dil.....1 ounce.
Tinct. Nuc. Vom.....2 drachms.
Chionia.....2 ounces.
Iodia.....2 ounces.
Lithiated Hydrangea...q. s. ad...8 ounces.

M. Sig.: Two teaspoonfuls in water three times daily. Also, give two Cactina Pillets four times a day.

For the bowel trouble give a daily dose of pure castor oil. Begin with an ounce and lessen the amount until you get down to a teaspoonful. Precede this treatment with several copious enemas of warm salt water, with massage of abdomen to remove hardened masses. Prescribe elastic abdominal supporter. —ED.

Cystitis—Spider Bite.

QUESTION:—Was called to see Mrs. H. on the morning of May 25. On my arrival I found her suffering intense pain in the region of the lower bowels, with a frequent desire to urinate, and complained of great pains in getting over the chamber. My diagnosis was acute cystitis. I gave her

℞ Calomel.....2 grains.
Bi-Carb. Soda.....2 grains.
Sacch. Pepsin.....5 grains.

M. ft. Chart., No. 4. Sig.: One powder every two hours till all are taken, to be followed with salts if necessary to move her bowels freely.

Also gave her morph. ¼ grain, and atropine 1-150th grain, hypodermically, to relieve pain. Put her on

℞ Acetate Pot.....2 drachms.
Fl. Ext. Buchu Comp.....1 ounce.
Fl. Ext. Corn Silk.....1 ounce.

M. Sig.: Teaspoonful every four hours.

Also washed the bladder with boracic acid and tepid water once a day, and gave hot vaginal douches twice a day.

Continued the above treatment for about a week. Patient no better. Never easy unless under the influence of an opiate. I then put her on the following:

℞ Benzoate Ammon.....2 drachms.
Fl. Ext. Saw Palmetto.....1 ounce.
Fl. Ext. Triticum Repens.....1 ounce.
Inf. Buchu.....q. s.....5 ounces.

M. Sig.: Tablespoonful three times a day.

℞ Acetate Pot.....80 grains.
Tinct. Iron Mur.....80 drops.
Aqua Dest.....q. s.....2 ounces.

M. Sig.: Teaspoonful every four hours.

Now, brethren, when you have a case of this kind, and the husband, or some member of the family, asks you if you don't think two heads are better than one, answer him by saying no, and put your patient on the last-named treatment, and it will bring joy and happiness to the entire household as well as yourself.

Would like to hear from some of the profession on the treatment of spider bite when you are not called to patient for forty-eight hours afterwards. Have got a case of this kind that is giving me no little amount of trouble.

Aledo, Texas. W. S. LASATER, M. D.

ANSWER:—Doctor, ten grains citrate potash in a drachm of Sanmetto four times daily, with twenty-drop doses muriated tincture iron three times daily, would have precluded your being asked that question. Citrate of potash is a better salt than the acetate, and Sanmetto is worth all other remedies combined in the speedy relief of acute cystitis.

Ammonium benzoate is an excellent drug where the skin is hot and dry, and there are putrefactive changes in urine.

For spider bites, seen late or early, there is nothing like Ecthol. Freshen up the wounded member by immersing in very hot water, then keep it wet with Ecthol all the time. Internally, give a teaspoonful of Ecthol containing five grains ammonium carbonate, or two grains potassium chlorate, every two, three or four hours, according to indications.—ED.

Bright's Disease—Ulcerated Penis, Etc.

QUESTION:—Case 1. A man, aged about thirty-six, married, has several children; well built and is a farmer. Patient has been complaining of pain in the region of the kidneys for several years. Later, he experienced pain in the region of the neck of the bladder, and urine has been very highly colored, off and on, ever since. Patient noticed pain in small of back.

He has also developed indigestion in the last six months. Has eructation of food, gas, etc. Stomach feels full a short time after eating. Bowels have been regular all along the line. Has to get up to micturate from two to three times during the night, and kidneys act from six to eight times during the day.

His prostate is a little enlarged, but not painful on pressure.

Does not have as great a desire for sexual intercourse now as he did before these troubles came up.

He has taken a great deal of calomel, and says it seems to relieve the symptoms for about two weeks.

Has been treated by several doctors for liver trouble, sexual trouble, bladder trouble, etc., with no benefit.

Case 2. Brother to the above man, aged about thirty-eight; married; has one child. Mother had scrofula. He contracted what his physician called syphilis about twelve years ago. Went to Hot Springs, Ark., and got cured in about three weeks. Says he never had any "breaking out" on the body at the time of his trouble. None of the glands of the groins were involved; in fact, didn't have any symptoms, except four little ulcers on glans penis. Condition of patient now is about the same as it was then (twelve years ago). No enlargement of any of the glands. No sore throat, etc. Has two small ulcers on glans penis, one just inside the meatus urethræ, and one on dorsal part of glans. No other symptoms.

Doctor, what would you do for a married lady, who is well developed in every sense, and has good health, with the exception of transient pains in the uterus and leucorrhea, but does not enjoy sexual intercourse, and says it makes her feel very tired on rising in the morning?

Texas. R. C. B.

ANSWER: — *Case 1.* Impairment of nerve power and consequent general lowering of functional capacity. Doubtless, a torpid liver and catarrhal state of digestive organs. Tendency towards Bright's disease. Examine urine to determine exact condition. Also cutaneous reflexes for state of nervous system and circulation. Begin treatment with vigorous and prolonged purging. Use cathartics which will cause copious, watery evacuations, in alternation with enemas. Don't stop until you are getting yellow, moist-formed stools. Guard against shock. Then give

℞ Lithiated Hydrangea.....2 ounces.
Chionia.....3 ounces
Iodia .....3 ounces

M. Sig.: Two teaspoonsfuls three times daily in water.

Use Seng and Taka Diastase to improve digestion.

Daily sponge bath, followed by friction with coarse towel. Flying blisters to back of neck and small of back.

Case 2. Give teaspoonful of Ecthol, with one-sixtieth grain podophyllin, four times daily, and bathe glans penis in Ecthol morning and night. If foreskin very long or narrow and tight, circumcision or dilatation may be requisite. Enjoin strict cleanliness of parts.

Case 3. Pelvic circulation stagnant.

℞ Ext. Hydras. Can. fl.....1 ounce.
Podophyllin .....8 grains.
Aletris Cordial.....7 ounces.

M. Sig.: Teaspoonful three times daily.

Locally, apply tampons wet in equal parts Ecthol and Kennedy's Dark Pinus Canadensis to cure leucorrhea. Exercises, such as swimming, cycling and moderate dancing, improve pelvic circulation by strengthening the muscles and other structures of the pelvis. Too much sitting down or standing work is bad. Quick and varied movement of lower limbs are called for.—ED.

Spinal Debility.

QUESTION:—Case, girl nine years old. Trouble has been coming for sixteen or eighteen months. She has been treated by three or four physicians, including myself. Nervous temperament. Rather sparely built, four feet, one and one-half inches high. Pulse eighty, somewhat regular, with sufficient volume. Skin inclined to flabbiness. A dull aching from the first dorsal to the first lumbar vertebra. A very gentle curvature can be detected at about the center of the dorsal vertebra, to the right. Palms of hands and soles of feet constantly damp by sweating. Sometimes the sweating is profuse. Always a cold sweat. Is considerably nervous at least agitation. Bowels regular. Appetite generally good. Sleeps well. Pupils are always dilated. Has a dull aching in her eyes, and supraorbital ridges of a morning. Has no fever at any time. No other head pain. Is rather bright mentally. Tongue is generally clean, though a little tremulous. Is quite an active player. Digestion seems to be good. No distress in any of her limbs. Of course our treatment has been governed by indications, but has been of no avail. In none of her ancestors is there any mental or nervous troubles. T. S. MOTTER, M. D.

Dayton, Ind.

ANSWER: — Child needs more food, sleep, fresh air, and perhaps liberty. Give her frequent lunches of milk, fruit, especially baked apples and bananas, then send her out to some shady, breezy spot to digest them. Eight o'clock bedtime and a well-ventilated, dark and quiet sleeping room. A quick bath before going to bed, rubbing spinal region well.

A few minutes daily systematic arm exercises will correct the spinal curvature.

As a general tonic:

℞ Tinct. Ferri Muriatis..... 1 ounce.
Pot. Chloratis.....80 grains.
Celerina.....q. s. ad..... 8 ounces.

M. Sig.: Teaspoonful three times daily.

Renal Insufficiency.

QUESTION:—I have a patient, twenty-eight years old, weight one hundred and thirty pounds, never been sick until about four months ago. He works every day, but feels weak. One quarter of a degree of fever steady. Tongue is a dirty white, and coat will not rub off. Bad taste at times. He says he would be all right if tongue would only clean off. Have used nux vomica and muriatic acid, with sulphate magnesia every morning. Sulphite of soda with podophyllin, cascara sagrada, lactopeptine, with iron, quinine and strychnine, with small doses calomel. Diet mostly fruit, using sodium bicarbonate, nux, gentian, capsicum, with awful slow improvement. Would you kindly suggest something that would clean the tongue off.

Beal City, Mich. SAMUEL WATLEY, M. D.

ANSWER: —Examine the urine.

℞ Tinct. Ipecac ..... 20 drops.
Tinct. Aconiti ..... 20 drops.
Tinct. Nuc. Vom ..... 20 drops
Lithiated Hydrangea.....q. s. ad. 8 ounces.
M. Sig.: Teaspoonful three times daily.

Nourishing diet, rest in bed and one grain caffeine citrate in alternation with above, three times daily.—ED.

Auto-Toxemia.

QUESTION:—Ten years ago, while in my second year of medicine, I contracted a low form of malaria, first in Toronto, then in Chicago.

This condition was not diagnosed until over a year ago, after I had studied medicine, graduated and practiced six years. In the meantime it fell to my lot to do pioneer work for women in the province in which I was located. Was in a wretched condition most of the time. At present am much better than before any trouble was diagnosed. Have taken considerable quinine and tonics.

Present condition: Some spinal irritation left, especially in the cervical region. Very poor memory. Menstruation very scanty, dark brown or black, and in little clots. Very little pain. Hyperemia of the brain at the time.

A year and a half ago had an anteflexion corrected.

Before I became anemic the flow was very free, no pain and bright red.

Urine at present is deep yellow, with a sweetish smell. Used to pass a great deal of uric acid sediment, but do not now.

Tongue coated all the time brownish yellow, thick, marks of the teeth in it, and trembling.

Can not eat meat or have uric acid immediately, ache all over, and very irritable, can not eat sweets or very much starch.

I feel it would be better for me to be in a dry, stimulating climate. We have rain here from four to six months.

My father died of Bright's disease. He had dyspepsia most of his life. I think his family had the uric acid diathesis. Mother over seventy. Had a severe attack of inflammatory rheumatism when she was forty; otherwise healthy.

1. Is it the uric acid in the system which causes the menstrual fluid to be so brownish and sticky?
2. Please give prognosis.
3. Diet.
4. Medicinal treatment
5. Treatment for hyperemia of brain.

CANADIAN.

ANSWER:—Liver inactive, circulation sluggish and nervous system depressed.

℞ Acid. Nitro-Muriatic Dil.....1 ounce.
Tinct. Nuc. Vom.....2 drachms.
Chionia.....4 ounces.
Lithiated Hydrangea.....q. s. ad. 8 ounces.

Three times a week take a pill at bedtime, containing one-quarter grain protoiodide of mercury and follow next day with a quick-acting cathartic. A dry, breezy climate would be suitable. Require a liberal and nourishing diet, with occasional tonics containing the phosphates.—ED.

Menstrual Neurosis.

QUESTION:—L. S., aged thirty-three; dressmaker. Menstruated at fourteen years of age. At the age of fifteen, while walking out, she was unexpectedly shocked, and a thrill passed through her, and since then every two, three or four weeks, she wakens at night with this sensation. It usually happens just before menstruation, but may be any time.

The next day, she is exhausted, despondent, and wishes she could die.

The sensation never comes on when awake. She dresses lightly, and has striven in every way to overcome this.

Was engaged to be married three years ago but was in no way different then.

Father died when patient was three years of age. Dyspepsia with some complications. Mother died a few years ago, aged fifty-nine years, from angina pectoris.

This patient, although thirty-three years of age, does not look more than twenty-five or six; good color, clear skin; eyes rather sunken with dark rings around them. Appetite good constipated, menstruation normal.

Has a sister, a few years older than herself, who has the same sensation in the same way at night. This came on her a few years ago. Please give (1) diagnosis, (2) prognosis and (3) treatment. CANADIAN.

ANSWER:—Should say the trouble is mainly psychical from morbid impression. Give a good tonic:

℞ Celerina.....4 ounces.
Elix. Ferri, Quiniæ et Strychniæ Phos .....4 ounces.
M. Sig.: Teaspoonful three times daily.

Instruct patient to quit thinking about the matter, or giving it attention of any kind; use common-sense, keep active and busy. A suitable marriage would benefit this patient.—ED.

Inflammatory Rheumatism.

QUESTION:—I have a case of inflammatory rheumatism of about six years' standing. Been treated by four other physicians, and I have been treating case about four months, all without any success. Married lady, forty years old. Six children, the youngest eleven years. Has been bothered some with leucorrhea most all the time. Looks to be in reasonably good health. Weighs about one hundred and eighty pounds. Can be up most of the time. Can walk some with crutches. Joints swollen, but not very sore.

Urinalysis shows some uric acid. Also has some torpidity of liver. She aches so at nights until she is well rubbed she can not sleep.

Can not give all the treatment, too burdensome to Editor. If Editor or any medical brother will give me information, it will be highly appreciated. J. B. ROBERTSON, M. D.

Harpersville, Texas.

ANSWER:—Must pull some of the fat off her—obstructs circulation.

℞ Phytoline ..... 1 ounce.
Tongaline ..... 8 ounces.
Chionia ..... 4 ounces.

M. Sig.: Teaspoonful four times daily. Gradually lessen dose if bowels should act too much.

Give a tablespoonful of pure lemon juice three times a day. Feed her temporarily on nothing but meat ground in a machine, broiled and highly seasoned.

At bedtime, give a short, hot pack, dry the skin and rub with alcohol and quinine. Precede this treatment by thorough evacuation of the bowels, and cure the leucorrhea by using tampons of absorbent cotton saturated with Kennedy's Dark Pinus Canadensis. A fresh one should be put in every other night. Do not fail to carry out *details* of treatment if you want results.—ED.

Impotence.

QUESTION:—Mr. H., aged twenty-five, unmarried. Practiced masturbation at intervals for a number of years. Chews and smokes tobacco. Drinks but little. Always had sexual health until a few months ago. Immediately after entrance emission takes place without any sensation at all. Has a deep desire up to the moment, but none whatever when entrance is made. He says that it makes him feel weak after sexual excitement.

Is masturbation the cause? Give me diagnosis and treatment, prognosis, etc., in next issue of the BRIEF. I would also like to hear from others of the BRIEF family.

Story, Ind. Ter. W. G. BRYMER, M. D.

ANSWER:—The sexual system is exhausted, temporarily, and needs rest. A man who desires the satisfactory and agreeable use of all his powers must not abuse any one side of his nature.

Give Sanmetto, teaspoonful four times daily; a cold sponge bath, followed by friction; also, five drops tincture nux vomica thrice daily, for two weeks, and then two Cactina Pillets four times a day; moderate exercise daily; avoid sleeping on the back and rise as soon as awake. Keep bowels regular. Do not worry about the condition or get impatient your patient will be O. K. if treatment is persistently used.—ED.

Infantile Paralysis.

QUESTION:—I was called to see a child ten years old, who in infancy had jaundice, and has never been able to walk. Has been given a laxative every day. Sallow face. No appearance of blood. Veins blue. Enlarged abdomen. Feels hard and knotty. Small limbs, body like hands and feet. Seems as though the liver was enlarged, spleen as well. Could anything be done in this case? Temperature normal. Respirations above normal.

Roswell, Ga. G. T. LYON, M. D.

ANSWER:—Order a hot bath daily, to be followed by thorough rubbing of the whole body with olive oil.

℞ Ammonii Chloridi ..... ½ ounce.
Celerina ..... 4 ounces.
Chionia ..... 4 ounces.

M. Sig.: One teaspoonful three times daily.

℞ Tinct. Ipecac ..... 10 to 20 drops.
Mist. Rhei et Sodæ ..... q. s. ad ... 4 ounces.

M. Sig.: Teaspoonful morning and evening, sufficient to regulate bowels.

Keep up this treatment as long as may be needed.—ED.

Cancer?

QUESTION:—I have a lump on my breast. It is about as large as a hickory nut. I only discovered it there a little over two years ago. It hurts me very badly at times, and the gland that runs from my arm to my breast gets so sore at times that it makes my arm ache. The lump is in the left breast, in the upper left side of the breast. It does not seem to be deep down in the breast.

I wrote to Dr. Batdorf, at Grand Rapids, Mich., about it, and he referred me to you for advice. Do you think it best to have it cut out, and do you think from the description I have given that it is a cancer?

Some of the doctors who have examined it say it is a kind of neuralgia. M. A. P.

Mo.

ANSWER:—Consult personally some experienced family physician. Would not advise a cutting operation until resources of medicine have been tried. Lump does not seem to be malignant. No history of rapid growth, ulceration, etc. Nodular

deposits in breast somewhat common. Pain only bad symptom. Try to cause resolution.

℞ Arsenic Iodidi ....3 grains.
Ecthol ....8 ounces.
M. Sig.: Teaspoonful three times daily.

A phytolacca ointment applied to the breast and the enlarged gland, and rubbed in with utmost gentleness may assist process of absorption.

Keep the bowels open and general health good by good habits. If any sudden changes should be noticed in the growth, such as constant pain, rapid growth, breaking down and ulceration, consult a good surgeon at once.—ED.

Epithelioma? Leucoderma?

QUESTION:—A lady, aged forty-two, came to me complaining of a small, painful growth in her left ear, which has grown but little, but continues to give pain without ceasing for now two years. It was impossible for me to get a good look at it, on account of its being so far in. The majority of her family or relatives have died of cancer, which causes her much anxiety, when coupled with a growth located where it is, of so long duration and so unyielding to any and all treatment, so far done for it.

I prescribed the red iodide of mercury, forty-five grains to six drachms of vaseline, locally, using a small quantity morning and evening, after thoroughly cleansing.

Internally, I prescribed (along with strictest regime regarding hygiene):

℞ Hydrarg. Chlor. Corrosiv.....1 grain.
Hydrarg. Proto Iodidii.....8 grains.
Liquor Pot. Arsen.....1 drachm.
Ext. Stillingiæ fl..... ½ ounce.
Sy. Simplicis.....q. s. ad.....8 ounces.
M. Sig.: Tablespoonful three times daily, after meals.

Editor, please give diagnosis and treatment through the columns of the BRIEF, and every reader; you will do me a very good turn by writing me privately.

This same lady has small patches coming on her hands. She is a brunette and these patches are as white as snow. They cause her no pain or distress, and are persistently obstinate to any and all treatment.

Another lady just a few moments ago described a similar case in her son-in-law.

What is it? Give it a name? Is it nerve or blood disease? Can anything be done for it, and if so, what?

I frankly told the lady I did not know, but I would write the Brotherhood of the BRIEF (the largest, most intelligent and strongest Medical Society in the world) and that I doubted not but what the Editor and perhaps a dozen others at least would diagnose and give treatment for both the diseases. I know enough to have a good practice, but I rejoice I have kept from chronic stupidity, by not for a moment imagining I knew it all.

Do not trust some one else will write and tell me. You, everyone of you who know, please assist me. I will gladly thank you personally and inclose a stamp to everyone to show to a little extent my appreciation.

Oelwein, Iowa. GEORGE GIVEN, M. D.

ANSWER:—Impossible to say, without microscopical examination of some of the cells, whether cancerous or not. Would treat on supposition that it is epithelioma. During the day, keep the growth saturated with pure Ecthol, by means of cotton applications. At bedtime, dry with absorbent cotton and use an ointment made by incorporating acetate of zinc with a base of equal parts beeswax and unsalted butter. Use enough of the zinc to be soothing, but not irritating. The spots are probably leucoderma, and it is likely there is a degenerative condition of the trigeminus nerve and upper spinal cord. Should advocate one-sixtieth grain arsenic iodide and one-twentieth grain podophyllin in a drachm of Ecthol four times daily.—ED.

Pelvic Neurasthenia.

QUESTION:—A. N. B., aged thirty-two; married five months.

When she was fifteen years of age, while leaning out of a window, a handful of snow was aimed at her, which caused her to pull herself in quickly. She felt, and thought she heard, a tearing sound, and fell fainting on the floor. The family physician, who had been visiting her father for months and seeing her every day, for this time failed to recognize her, so changed has she grown. He said it was a rupture, and put her to bed with a plaster over the place. Before that she was stout and had a great deal of color. Since then she has been pale. She takes cold very readily. Nearly always has a little in head, and a throat specialist told her she had chronic catarrh of the throat.

For the last two years has had a great deal of worry, and a year and a half ago there was sewer gas in the house, where she seemed to get chronic malaria.

Had endometritis, was curetted, but had very severe backache, which we expected the curing of the endometritis would cure. However, it did not and about eight months ago this was diagnosed as phosphaturia.

Heart is weak and a diagnosis of trouble with the pulmonary valve was made by an expert on heart disease.

At present not much headache. Urine generally clear and not passed so frequently. If she eats very lightly, avoiding meat, eggs, and sweets, appetite is generally good and bowels regular, but all the time tongue coated yellowish brown, pale, thick, trembling, with

marks of teeth. She is very thin and pale, a little puffy under the eyes. Spinal irritation. Menstruation scant. Pain and extreme weakness. (1) Diagnosing. (2) Treatment.

CANADIAN.

ANSWER:—Condition seems to be the effects of shock, causing depression of vitality from which patient is unable to react.

℞ Pot. Phosphat.....2 drachms.
Tinct. Cimicif.....½ ounce.
Vini Ferri Amari.....2½ ounces.
Aletris Cordial.....q. s. ad....8 ounces.
M. Sig.: Teaspoonful four times daily.

Massage and electricity will be of great benefit to this case, dissipating the irritability of nerve-centres and improving general cell nutrition.

Feed light, digestible food in small quantities, but often, giving a tablespoonful of equal parts Seng and Elixir Lactopeptine every time she eats any thing. —ED.

Cerebral Congestion.

QUESTION:—My father, Dr. J. F. C., was taken last Sunday, June 24th, with apoplexy. He fell out in the yard. Was conscious for a short time after he fell. By the time he was taken into the house, became unconscious. That was at seven o'clock in the morning. I arrived at two o'clock and found him on the bed just as he had been laid. Respiration slow and labored. Left side was paralyzed. Right eye was sensitive to light. Partially comatose. By talking to him very loud, could be aroused, and he would try to talk to you, but you could not understand much that he said.

He told me the evening before that he had a pain in the head, with fullness limited to the right side and frontal part of the head.

He had varicose veins, and had been wearing an elastic stocking. He took it off before the veins were cured. He was in a state of active delirium, feeling over the bed cover, trying to pull off his drawers, urinating often.

He had no fever.

He had taken fifty-five grains of morphine from Friday night till Sunday morning at seven.

I gave him atropine and ergot every four hours. Gave croton oil every four hours. Gave just enough morphine to keep him quiet. strychnine whenever his pulse intermitted, or when his respiration became feeble.

I diagnosed the case as apoplexy, due to embolism.

I could not get any action from the bowels.

Did I do right in giving the morphine, as he was addicted to the drug? GEO. F. C., M. D.

Miss.

ANSWER:—The principal thing in a case like this is to *empty the bowels without delay*. Drugs often fail because the bowel has long been impotent, and its nerves are deadened. Morphine-takers nearly always suffer from a chronic functional paralysis of bowel. The gut must be emptied mechanically. The contents of rectum and sigmoid are as dry, hard and odorless as charcoal, blocking up the canal. Dilate sphincter and remove with instruments or fingers. Then use enemas of hot oil, oxgall, etc. Massage abdomen gently and apply hot turpentine stupes to same.

Hot bottles to feet and legs, small doses of strychnine and digitalis, or nitro-glycerine to guard against shock when operation is *finished*. Reaction may cause severe cold sweats, rigors and sinking spells.

Do not see any indications for morphia. Should have preferred Peacock's Bromides. Treatment all right, except omission to secure bowel evacuation. By waking up the intestinal tract the surplus blood, which was overwhelming the brain, would have been drawn off into abdominal vessels, and the system given a chance to right itself naturally.

Bowels are not emptied until feces coming away have a strong, *live* odor.—ED.

Hydrocephalus.

QUESTION:—Little E. A., eleven months old, born with a normal head. Five days after birth she was taken with convulsions, which lasted ten days. Since that time her head has been enlarging, until now it measures twenty-five inches in circumference. Outside of this abnormal growth child enjoys good health. Child's parents are very anxious for a cure. My diagnosis is hydrocephalus, and I do not really know of any cure. I am afraid to evacuate the fluid, for the reason it will only be temporary relief, to soon return. Am I right in diagnosis? What is the best way to treat this case? M. M. JOSHUA, M. D.

Lake Charles, La.

ANSWER:—Try to promote activity of kidneys and bowels by keeping circulation active.

℞ Ergotole.....10 drops.
Tinct. Nuc. Vom.....10 drops.
Tinct. Belladon.....10 drops.
Lithiated Hydrangea....q. s. ad... 8 ounces.
M. Sig.: Twenty to thirty drops four times daily.

Also give tonic doses syrup iodide of iron. Flannel bandage over abdomen. Try to keep child comfortable, so that it will not fret. Food must be very nourishing and easily digested. Plenty of fresh air and good hygiene generally. —ED.

Nausea of Pregnancy.

QUESTION:—Will you please give me some aid, through the BRIEF, in the following case: Patient married lady, thirty years old, three months pregnant with third child. Suffered extreme nausea and vomiting with the first and second children through the nine months. The second was worse than the first. So persistent was the nausea and vomiting and consequent weakness, that I thought several times I would have to produce abortion, but she barely made out to live through it all.

This was four years ago. Now she is pregnant the third time. I have tried all the remedies usually employed for such cases, and have done no good at all that I can see. Have made applications to cervix without benefit. She barely retains enough food to enable her to go about the house a very little. She has to lie on the bed about four-fifths of the time.

The worst symptom, and one she did not have with either of the others, is swelling of the feet and ankles, with extreme soreness of the flesh from head to foot. I am anxious to get her through again, but I am afraid I can not without some timely aid. J. E. H., M. D.
Va.

ANSWER:—Try a blister over fourth and fifth dorsal vertebræ. Give strychnine arseniate, one one-hundred-and-thirty-fourth grain, three or four times daily. Have her do all her eating lying down, and give Elixir Lactopeptine, tablespoonful after each feeding. Give cup strong, hot, black coffee first thing in morning. Should not try to get up early. Have her wear elastic abdominal supporter. Let her drink Apollinaris or other carbonated water. Ice-bag to back of head, and sponging face with cold water, fanning, etc., will help to allay nausea.

Better examine urine. Kidneys or heart may be failing, and uremia partially responsible for the nausea. Caffeine citrate, in one to five grain doses, is excellent in the renal insufficiency of pregnancy, and does not disturb the stomach. Keep bowels soluble.—ED.

Dysmenorrhea.

QUESTION:—Please give a remedy for spasmodic dysmenorrhea and oblige.
Va. READER.

ANSWER:—Use nitro-glycerine, one two-hundred-and-fiftieth grain every fifteen to thirty minutes until relieved. Between periods, let patient take:

R Tinct. Jaborandi.....1 ounce.
Aletris Cordial.....7 ounces.
M. Sig.: Teaspoonful three times daily.

—ED.

Chronic Ulcers of Leg.

QUESTION:—I have a case of chronic ulcers of leg, which puzzles me. The patient is a male, aged twenty-one years, tall and thin. I have prescribed Ecthol for the past nine weeks, with great success, but in this case the ulcers do not stay cured.

I advised frequent bathing in water, moderately warm, in which a handful of bicarbonate soda is dissolved, followed by a thorough douching of cold water. Then apply Ecthol, full strength. Used Aloin in sufficient doses to keep the bowels moving freely.

There seems to be little red blotches, breaking out fresh, and then running together. What is the trouble? Can the Editor, or any of the BRIEF readers, help me out? F. K., M. D.
Md.

ANSWER:—There is probably some zymotic poison in the blood and the kidneys are not doing their full duty. Try

R Ammonii Benzoatis..... ½ ounce.
Liq. Pot. Ars..... ½ drachm.
Sanmetto.....q. s. ad .....8 ounces.
M. Sig.: Teaspoonful four times daily.

Advise hot sitz baths twice a week. Have the legs from toes to hip rubbed thoroughly with a hot liniment at bedtime and elevate feet on a pillow during night. Paint the ulcers with pure carbolic acid, and repeat, if they do not look healthy when crust comes off. When they take on a good red color, itch and burn, then use your Ecthol with an equal amount of Listerine and the ulcers will soon heal. At present they are acting as a natural drain to corrupt blood.

Look to digestive organs. Build up patient with Seng, good food, etc.—ED.

Epilepsy.

QUESTION:—Have case of epilepsy in stout girl of seventeen. Looks well. Good appetite, but sallow and rather dull. Tendency to constipation. Fits occur two or three times a month. Menses regular. G. B. S., M. D.
Ind.

ANSWER:—

R Vini Colchici ..... ½ ounce.
Tinct. Podophylli ..... 3 drachms.
Peacock's Bromides..... 3½ ounces.
Chionia.....q. s. ad .....8 ounces.
M. Sig.: Two teaspoonfuls three times daily.

Diet must be regulated.

Make out a diet card, specifying how much and what food at a meal, and do not let her come to table, but have her meals sent to her.

Once a week a large dose of epsom salts or castor oil should be given.—ED.

Gastro-Intestinal Catarrh.

QUESTION:—Patient forty-eight years old, has always had good health. Family record good. Father lived eighty-two years. Mother died with typhoid fever.

He came to me a few days ago suffering with catarrh of the stomach. Has had the trouble for two years. Has been all the rounds, has taken the electric treatment, by Dr. McLain, of Waco, Texas; the Weltmer treatment, Texas; electric cure for twenty days, and has just returned from the Texas Marlin Wells, and finds himself no better.

Symptoms, indigestion, constipation, pain between shoulder blades, and can not sleep at night.

I am much interested in this case, and seek your advice. I am a young man just from school, and any help shown me will be highly appreciated. J. R. MIDDLEBROOK, M. D.

Gerald, Texas.

ANSWER:—Apply counter-irritation by small flying blisters to the spine, from the base of brain to the twelfth dorsal vertebra.

℞ Seng.....8 ounces.
Chionia.....5 ounces.

M. Sig.: One to two teaspoonfuls three times daily.

Precede this treatment by thorough purging, after which use podophyllin to regulate the bowels. Avoid sweets, pastry and fried food. Last meal not later than six P. M., and a glass of water at bedtime. Toughen the skin by daily friction with rough towel, and have him take a short walk just before going to bed.—ED.

Adherent Placenta.

QUESTION:—Can you give me any information, through the columns of BRIEF, relative to the cause of adherent placenta? I have one woman in my practice who has been confined three times, and has adherent placenta each time. No treatment can be of any avail, other than introducing the hand and tearing it off from the walls of the uterus, and even then it has grown so tightly to the uterus, that it nearly kills the woman to tear it off. If you can give me any preventive I would be more than pleased, as the woman fears the same trouble next time. B. F. BABB, M. D.

Berlin, Va.

ANSWER:—Adherent placenta is the result of latent uterine disease or blood which is too glutinous. Put your patient on Iodia and give it to her, with brief intermissions, for six months or during the entire pregnancy, if now pregnant. Do not let her have much meat or other albuminous food. Give fish and milk foods the preference over meat. Plenty of fruit, rice and cereals generally.—ED.

Cholera Infantum.

QUESTION:—Will the Editor please give treatment for cholera infantum and oblige.

YOUNG PHYSICIAN.

ANSWER:—Place child in warm bath with cold compress to head for a few minutes, and gently rub limbs while in bath. Be quiet and restrained in all your movements. Carry child out into the air in cool of morning and evening. Keep the abdomen and feet warm by artificial heat, then fan the head, frequently sponging the face and hands.

Feed the white of an egg, dissolved in water, until the worst is over. Rice water (the rice boiled until the grain has almost dissolved) is also good. For medicine give equal parts Listerine and Elixir Lactopeptine, thirty drops every four hours to a child one year. Sometimes bismuth acts very well, and in a bilious child small doses of calomel or chalk mixture may be combined with it.—ED.

Treatment Wanted.

QUESTION:—Please give treatment for seminal emissions, complicated with prostatitis and varicocele. E. L. B.

Mass.

ANSWER:—For seminal emissions accompanied by prostatitis and varicocele, we would recommend this formula:

℞ Tinct. Collinsonia Can.....1 ounce.
Ergotole.....½ ounce.
Tinct. Nuc. Vom.....½ ounce.
Sanmetto.....q. s. ad.....8 ounces.

M. Sig.: Teaspoonful three times daily.

A well fitting suspensory. A capscine plaster to small of back. A daily sponge bath with friction to skin. Mind to be kept from sexual matters. Early to bed. Do not sleep on back. Plenty of water but no alcoholics. Bowels moving daily. Keep occupied. No dawdling or dallying with temptation.—ED.

Neuralgia.

QUESTION:—Can you give me a remedy for supra-orbital neuralgia and oblige?

Ill. D. C., M. D.

ANSWER:—Take an ounce of castor oil.

℞ Ammonii Benzoatis.....1 ounce.
Celerina.....8 ounces.

M. Sig.: Teaspoonful three times daily.

When the paroxysms come on immerse both hands and feet in hot mustard water.—ED.

Nervous Diarrhea.

QUESTION: -What treatment would you advise for a patient who has frequent attacks of diarrhea, preceded by rigors and fever. Have tried Fowler's solution. D. E., M. D.
Tex.

ANSWER:—Sulpho-carbolate of zinc and cupric arsenite in frequent small doses are highly recommended. We use a modification of Bartholow's formula as follows:

℞ Acid Carbolic ..... ½ drachm.
Tinct. Iodini Comp..... .....1¼ drachms.
Glycerini..... .....4 drachms.
Listerine.....q. s. ad.....4 ounces.
M. Sig.: Ten to fifteen drops every four hours.

—ED.

Vesical Irritability.

QUESTION:-Please give treatment for irritable bladder in women. S. E., M. D.
Ohio.

ANSWER:—This is often the sequel of gonorrheal infection. Give one drop tincture cantharides in a drachm of Sanmetto three times daily. Correct any constipation, malposition or congestion of uterus. Where plainly due to uric acid diathesis, Lithiated Hydrangea will serve you well.—ED.

Polyuria.

QUESTION:—What will relieve chronic polyuria in apparently healthy woman? Urine normal. M. J., M. D.
Ky.

ANSWER:—Try small doses strychnine, one one-hundred-and-fiftieth grain four times daily. Ergotole in ten drop doses four times daily often acts well in connection with Cactina Pillets, two pillets four times a day.—ED.

Hemorrhage from Lungs.

QUESTION:—What is the quickest relief in hemoptysis? W. C. C., M. D.
Colo.

ANSWER—Hypodermic injections of atropine sulphate. At same time put hands and feet in hot water.—ED.

Granulating Wounds.

QUESTION: —Please give an ointment for dressing slow and painful granulating wounds.
Mich. C. E. S., M. D.

ANSWER:—Try a vaseline ointment containing ten per cent balsam of Peru and four per cent carbolic acid.—ED.

Ulcerated Sore Throat.

QUESTION:-What treatment would you recommend for chronic ulcerated sore throat?
South Dakota. A. H., M. D.

ANSWER:—Add three drachms of carbolic acid to an eight-ounce bottle of Listerine, and gargle a teaspoonful, full strength, three times a day, alternate with Ecthol undiluted as a gargle. Apply flying blisters to nape of neck, and give Iodia, teaspoonful three times daily. —ED.

Renal Hemorrhage.

QUESTION:—What can be done to relieve recurring renal hemorrhages. No signs of malignant disease of kidney. Urine normal.
Tenn. PRACTITIONER.

ANSWER:—

℞ Ol. Terebinth .....2 ounces.
Sanmetto .... 6 ounces.
M. Sig.: Teaspoonful four times daily.

Give also a wineglassful of lemon juice at meals. Avoid asparagus, alcoholic beverages, etc., which cause congestion of kidneys.—ED.

Orchitis.

QUESTION:—Have a case of chronic orchitis for which I wish the Editor to prescribe.
Ohio. C. S., M. D.

ANSWER:—Give five drops fluid extract phytolacca with a drachm of Sanmetto every three hours. Regulate bowels with aloes and podophyllin.—ED.

Scarlatinal Nephritis.

QUESTION:—What is the best treatment for the nephritis following scarlet fever?
Tenn. J. F. D., M. D.

ANSWER·—Give tablespoonful doses of freshly prepared Basham's mixture, four times daily, with one-fourth grain caffeine citrate to a child of ten years.—ED.

Iron in Diabetes

QUESTION:—Which is the best preparation of iron for use in diabetes? C. H. R., M. D.
Minn.

ANSWER:—Either the phosphate or the bitter wine will answer the purpose perfectly. Iron is very useful in this disease, but constipation must be guarded against. We usually combine it with Chionia and fluid extract cascara sagrada, equal parts.—ED.

Laryngeal Dryness.

QUESTION:—I have a patient who complains constantly of a dry, tickling sensation in the throat. Very thirsty. Throat looks normal. What would you recommend?
Canada. G. W. L., M. D.

ANSWER:—Would give him two grains phosphate of potash with a drachm of Sanmetto three times daily. Let him carry a small quantity of flaxseed in his pocket and chew a few now and then. This will keep throat "oiled."—ED.

Sciatica.

QUESTION:—Can you give a remedy for sciatica? Painful paroxysms. Have tried localized injections of anodynes. J. C. S., M. D.
Iowa.

ANSWER:—Have you tried Norwood's tincture veratrum viride? Three to six drops every three hours. Also, the inunction with bisulphide carbon? Cups to lumbo-sacral region. Look after condition of bowels and genito-urinary apparatus as sources of irritation.—ED.

Hot Flashes.

QUESTION:—What will relieve the headaches and hot flashes so troublesome at the menopause? C. E., M. D.
Mass.

ANSWER:—Try equal parts Celerina and Aletris Cordial, teaspoonful three times daily. Peacock's Bromides is an excellent remedy where excitability is marked. Cold bathing is helpful.—ED.

Colds.

QUESTION:—Is there any way of aborting a cold when sneezing and congestion are first noticed? INQUIRER.
Pa.

ANSWER:—Small, repeated doses of nitro-glycerine, belladonna or camphor will often check a cold in non-bilious subjects.—ED.

Amenorrhea.

QUESTION:—Have a case of vicarious menstruation. Patient has seen no menstrual flow for several periods, but every month, at usual time, has profuse epistaxis. What treatment would you advise? W. F. N., M. D.
N. Y.

ANSWER:—Give phosphate iron, one-eighth grain; with a drachm of Chionia three times daily and plenty of fresh lemon juice.—ED.

Chronic Chills.

QUESTION:—What is the best method of heading off chronic chills? J. E. S., M. D.
Ind.

ANSWER:—A hypodermic of pilocarpine, one-twelfth grain, will prevent the chill from materializing. To get rid of them try putting patient in a hot pack at chill time. When he comes out rub him briskly with a rough towel dipped in *cold* water, then dry and place in warm bed. Give Seng and Chionia, equal parts, in teaspoonful doses, for several months.—ED.

Ulcerated Bowel.

QUESTION:—Give treatment for tenesmus and diarrhea. Pain in lower abdomen, small of back and radiating down legs. Blood in stools.
N. H. D. A., M. D.

ANSWER:—Ulcerated sigmoid. Apply cups to small of back and irrigate the bowel with a strong infusion of slippery elm or liquid petroleum after each movement of bowel.—ED.

Bed-Sores.

QUESTION:—What is the best way to prevent or heal bed-sores? M. P., M. D.
S. C.

ANSWER:—Turn the patient frequently. Fresh bed-clothes as often as possible. Avoid wrinkles in sheet. Rub parts most exposed to pressure with Listerine daily and when the familiar red spots appear, the use of Lanolin will often stop the bed-sore from going any further.—ED.

Preventive Treatment of Migraine.

Dr. E. W. Mitchell, of Cincinnati, Ohio, discussed, in this paper, the various theories that had been advanced to explain the cause of this affection. The theory of auto-intoxication had the most adherents. The paraxanthin theory had not been verified. He believed in an absolute withdrawal of all red meats. These attacks could generally be prevented by the use of the following mixture, to be taken each morning before breakfast:

℞	Sodii Sulph	2 drachms.
	Sodii Phosph	2 drachms.
	Sodii Salicylas	10 grains.
	Tinct. Nuc. Vom.	8 minims.
	Water	4 ounces.

This was best administered in seltzer or vichy.—*Med Record.*

[Written for the MEDICAL BRIEF.]

Hypochondriacs and Their Proper Treatment.

BY J. H. JERGESEN, M. D.,
Horicon, Wis.

In my opinion a person suffering from an imaginary disease suffers as much mentally as any invalid suffers physically from the same pathological condition. They suffer tortures of mind fully equivalent to a similar amount of bodily agony. An invalid has the sympathy both of his friends and relatives, whereas hypochondriacs, victims of a diseased imagination, receive the cold shoulder, especially if a physician has been found who is able to diagnose the disease correctly, and has taken an opportunity to show his great learning and medical skill as a diagnostician, and so giving the whole thing away by stating that the patient is not sick—she is "putting-on."

Imaginary diseases can be classed among the most prominent nerve-diseases, and are analagous to melancholy, fear, autophomania, etc.

No one would say that the fear of seeing a ghost is not real fear, even if you can easily prove that ghosts do not exist. How would you, for example, be able to convince those who have seen ghosts. In my home, in Germany, a man who does not believe in ghosts would be classed among such as did not believe in God.

Someone would, perhaps, say believing and disbelieving in, fearing or not fearing ghosts, depends on the influence one has been under in childhood; but that is not so. My brother and I were brought up under one roof. My brother could not be persuaded to leave the house after dark unless he had company, and although he is now a man of fifty winters, has traveled in all known countries, and is otherwise a shrewd business man, he is still reported not to feel safe in the evening on the streets unless he has company and a lantern. He claims when he walks in the night he feels as if someone were walking behind him, and is ready to grasp him in the back.

Now, we would call this man, mildly, a coward. But he is no coward. He wears a medallion for voluntarily risking his life to save a stranger's life, while sojourning in Brazil. Is his fear after dark no fear, or does he suffer as much in his mind as the one who really occupies a dangerous position? I claim he does, and that it is caused by anomalies of certain brain cells.

Melancholy.—You will hear a man complain, without cause, that his business is not good. That when this or that should happen his business would be ruined. He believes that he is secretly persecuted by someone whose aim is to destroy his business, his life, his property, his reputation. He is always on the lookout. He is, as a consequence, sullen, morose, restless and always complaining. Always expecting something awful to happen, he neglects his business, and drives his customers away by his suspicious attitude. Because always on the lookout to detect a conspiracy, he mistrusts his best friends, and often his own family.

Does this man not suffer mentally as much as if his imaginings were real?

I know of a divorce case where the woman tortured her husband in the extreme until he had to apply to the courts to dissolve the decree of marriage, after they had been married over twenty years. It was revealed at the trial that she was jealous to an extreme degree, and that she was determined to save her husband, at all costs, from himself. When the judge asked her how she knew that her husband was untrue to her, she replied that she had dreamed it. God had revealed it to her in her dreams, and his angels had commanded her to save him from himself. We reason, no good behavior on the husband's part, nothing that he, his counsel, the judge, her or his friends, could say, could bring her to see the case in a different light from the one God had revealed to her.

The woman surely suffered from this imaginary cause as much as if it had been real.

Every doctor knows one or more patients who acknowledge to him that they suffer from an imaginary trouble. At first he humored her, and promised to cure her, then he grew indifferent to her complaints, then he got tired of her

visits. Now, he can not tell her that nothing is the matter with her, because he has already acknowledged upon a time that there was something the matter with her, and has promised to cure her. The patient is to-day no better, if not worse, than when the doctor saw her first; because the less attention you give such a patient the louder are their wails; because they become afraid that the doctor underestimates the dangerous nature of their disease, which they have been told, or read in a newspaper, or it has been revealed to them in a dream, may turn into cancer, consumption, paralysis, or something else equally bad. If you show much sympathy with such patients they will hang around your office at all times, and fill the ears of your other patients with their private troubles, and they, in turn, will wonder why you do not help these unfortunates. If you send such a one about her business, she will, with her lamentations, get the ears of those who would like to see someone else prosper in your place, and therefore you often have occasion to scratch the bald spot on top of your head and ask: What shall I do to her?

I think I have had my share of such patients—I think without drawing the line too tight, that there is a certain amount of imagination connected with all real sufferings that makes the disease worse than it otherwise would be.

I hold the cause of imaginary suffering is fear of death. Fear of death aggravates and often complicates all pathological conditions. Fear of death often is the cause of grave nervous disturbance.

I knew a lady who, as soon as she arose in the morning, would go to the looking-glass and inspect her tongue. If she found it coated she would go back to bed again and send for the doctor. Then she would complain of headache, often her hands would be trembling, she would have spells of vomiting. This lady was as healthy as any lady, but as soon as she found her tongue was coated she was sick. For what reason did she get ill, when she saw her tongue was coated, I confess I do not know. Neither do I know why, for example, a certain young man who, when he was a baby in arms (about two years old), saw a boy bleed from the nose, became pale and fainted, and to this day when he sees blood gets sick, if not actually faint. This young man is as healthy as any young man can be.

Once a well-proportioned and well-nourished man came to me and wanted me to examine his heart. He said three years previous he had been working in the woods and a traveling doctor had visited their camp. This man had persuaded quite a number of his comrades not to patronize the man of physic, whereupon the medical man had told him: Four years from now, if I am not mistaken, you will be glad to call on me; in that year you will die from a heart disease. First he laughed at it, then he thought of it, then he made up his mind to prevent death if possible, and from the newspaper advertising doctors he selects as his medical adviser the one that has the longest ad. and knows how to say the nicest things about himself.

This medical-find tells him there was a leak in his heart, that the cure would cost him $200, payable in advance, and if he did not get it cured he would go as he had been told, he would die the next year. This man is as sound as a rock otherwise. Could actually feel how the blood escaped from his heart, ran into his stomach, filled his stomach so full that he could not bend. The specialist had ordered him not to lay in bed, but sit in a chair, and not to bestir himself, but refrain from all manual labor. This patient had nearly got well by the treatment of the specialist, because every time he was examined it was noticed that the rent gradually grew together, when all at once the specialist was somewhere else where our man with the fistula in the heart could not find him, and between that time and the day that I was consulted the man had actually nearly died twice, because on both occasions the blood kept running into his stomach, and filled him so full that he had nearly bursted.

A lady consulted me about a gnawing pain in her bowels. The pain was located a little below and to the right of umbilicus, otherwise she was found to be normal in all conditions, but that pain was always there. She was asked

to describe it, but she failed to give any form to her explanation. On questioning it was found that her sister had died of cancer of the womb, some ten years previous, and soon after that occurrence this lady got the pain in what she called her right ovary. She had spent an enormous amount of money in the hope of getting rid of her pains. She had laid a whole year in bed, and no help or relief came her way. When she consulted me she frankly told me if I failed to cure her she would give up and die, because then her nerves could not last longer, and now she only lived because of her strong nerves, and had it not been because of them she would have been dead long ago. She could feel how the poison, like fire, exuded from that spot in her bowels and flowed out in all her veins, and as a consequence they would become like strings of fire. She would pinch herself in her limbs and exhibit blue spots that would bear the mark of her thumb and finger; that was how the nerves died out, after she had gone through one of her terrible spells, when her veins seemed to be on fire. She had probably heard that patients suffering from cancer of the stomach vomited blood, etc.

One night I was called in haste to come to this lady's assistance, because she vomited blood. On examination it was found she had cut her gums with a small penknife and laboriously sucked the blood and spit it. That she did to convince me that she suffered from a cancer, which I had denied.

I was called to see a woman one night. Her husband had came home drunk and raised the dust, and his wife promptly died from heart disease—if she did not die she did the next thing to it, feigned death—because she was a chronic sufferer from heart disease. I do not know myself how she could do it, because she actually did not breathe more than once in ninety seconds, a minute and a half, although her pulse was regular. I motioned everybody to leave the room, and bent over and whispered to her: "Say, lady, if you do not stop this you will be dead in five minutes. It is all right that you scare the others that way, but you must not kill yourself, and you know you can not fool me." Afterwards she explained that just before I arrived the spell had left her, and she thought, then, it was best to stay in the spell so I could see how it acted, and maybe cure her of it. She explained the trouble was hereditary. Her mother had died from heart disease.

A girl of sixteen visited a cousin—who was dying from consumption—and someone told her that her visit to that cousin was dangerous because consumption was contagious. Soon afterwards she commenced ailing. When they consulted me her mother explained that some of these bugs must have got into her, because she can feel them crawl around in her stomach, etc.

Let me say right here, these poor mortals have my sympathy. Their fear and their ignorance make them real invalids. They suffer as much from their imaginary sickness as any invalid suffers from a real cause. Their case is not one to be sneered at, but a case to be thought very seriously about. Such a case is doubly pitiable because many times even a medical man will step down from his dignified position to add fuel to the fire by hinting that these imaginings may be real. Others go to the other extreme and brag to a credulous public that so and so is putting on. The one is an insult; the other is an outrage.

The proper remedy lies in education. As we said, the cause of imaginary disease was fear, fear of death. That fear is probably caused by some undeveloped brain-cells. The development of the brain through study, or, as we may call it, exercise, is in nowise behind the other part of the body developed by exercise. An ignorant person has a weak brain, or that part of the brain is weak that has not been developed. Such undeveloped cells are weak because of non-exercise, as are unused muscles in the body.

The shock of hearing of, or seeing a friend die, impresses itself so in the mind that they can not rid themselves of the mental pictures, no matter how or what they do. The picture follows them as the dark shadow of death. Then they commence to examine their own body, to look at their tongue, to count their

(Continued on page 1214.)

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℞ Phosphori, 1-100 gr; Ferri Carb. 1 gr; Ext. Nucis Vom. ¼ gr; Quiniae Sulph. 1 gr.

DOSE—One pill, to be taken three times a day, at meals.

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pulse, lay on the left side with their hand under the head and listen to their heart, feel on their body to find a sore place; they pay the closest attention to themselves imaginable. Nothing escapes their notice, and, of course, no man who pays close attention to himself—I mean a suspicious attention—will remain well for many days. As soon as such a person feels anything, their fear is aroused, and they rack their ignorant brains for a cause. They examine their anatomy to locate the lesion. All this would impress their own minds with the seriousness of their condition, if it was so, as they make believe it is. They then set to work to impress their surroundings, friends and relations, and even medical attendants, with the seriousness of their condition, and often over-do it or put on.

For many years I have tried to get at the cause of this imaginary suffering or putting-on in diseases, because it is, as I said before, to be found more or less in all patients, among all classes, under all conditions. And I came to the conclusion that it was, as before said, fear of death, and not, as we have been taught to believe, to be sympathized with and pitied. It is true that your sympathy is called for by such imaginary invalids, but it is only when you sympathize with them that they know that you understand what terrible sufferings they have to endure. Then again, sympathy with their complaints acts on them as when a boy whistles in the dark—it gives them courage to hear the tender words of a loving friend express hope that they soon will be better, and that the disease, maybe, is not as dangerous as it is judged to be.

After I had settled clearly in my mind that the cause was fear of death, and not purely a desire for sympathy, I marked out a *modus operandi*. I bought a set of charts, hung them on the walls in my office, and whenever I receive a call from such patients, I proceed to lecture to them and show them how their fear has affected their minds. I point to the brain, the different centers and the office of each. I show them in what part of the brain is the memory

(Continued on page 1216.)

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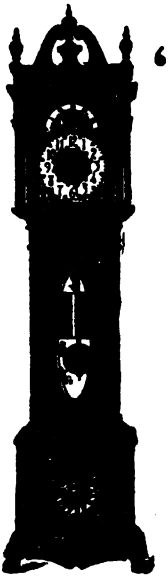

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center, how that center acts voluntarily and also involuntarily; that fear and forebodings are caused in the same manner, through the brain centers, and are under control, but if control is not cultivated it ceases to exist. When a person is taken with fear and evil foreboding, it is caused by a shock to the brain through some mournful happenings. It is an involuntary action of the brain, whereby your consciousness is impressed again and again with a something that has happened or may happen. I remind them of a fact, for example: you try unsuccessfully to think of a word, or a name, that you have forgotten. A day, or days after, maybe, without your effort, and while you were thinking of something else, right in the middle of a conversation, maybe, that name will enter your memory, come there and stay there with such a force that you can not rid yourself of the impression. You will unconsciously repeat it, time and again, until you, maybe, have to make an effort to get rid of it.

I prove to them that their condition is caused by such a fear, and in reality it is no disease, it is an involuntary action of the brain that thrusts itself on their consciousness, and that this perverted impression must be got rid of through unconcern, the same way as if you try to forget something.

I impress on them the beauty of studying the harmony in the working of the brain, and also how harmony can be restored. I map out for them a way of thinking. For example, I will tell you about a case I had a couple of weeks ago. An old gentlemen of seventy-six applied to me to have me remove his right testicle, because of an imaginary cancer. He had some years previous been examined by a physician because his right testicle was larger than the left. A few days after he had noticed that it became painful, with shooting pains up the cord. The physician told him it was undoubtedly a cancer, and advised the removal at once, but his son interfered on the ground that the doctor was not considered competent; but it worked on the old man's mind, and he had to examine that testicle morning and night, and on all other occasions, whenever he had a chance; that testicle had to be squeezed and pressed until it became so sore that he could not touch it for a couple of days. As soon as it would get a little better he would commence again, and so he continued until he consulted me.

At first I thought something was the matter, and dressed the gland, and cautioned him not to touch it until he called again. When he did call the swelling had disappeared to a great extent, when I told him that there was no cancer, not even a disease in the gland, but that it was purely imaginary; that the shooting pain and swelling had misled the other doctor, and that his own fear had caused him to unduly handle so tender a gland, and that had caused the swelling and consequent pain. He said he could not help himself; that his testicle was uppermost in his mind at all times, and that he knew he would have no rest until it was removed; that he had for months tried to be brave and get up courage enough to have it removed, and if I now refused to remove it he was sure that it would end his days. That he had not slept a night nor rested for more than a year, until he made up his mind that he would have me remove it; since then he had felt better. As his son was with him, and was able to understand me, I convinced them it was the shock that his brain had had, and not the disease; that it was the fear that brought him to examine his testicle and not the pain; that it was the constant handling and rough usage of it that was at the bottom of the trouble.

The old man was also complaining of a terrible pain in his right hip. He was hardly able to raise from a chair, and he walked feebly with a cane. The old man's son seemed to understand me to perfection, and promised to see to it that the bandage was not removed and that the testicle was not disturbed until I examined it again. Two weeks later I removed the bandage and the testicle was normal. Not only had the pain left the cord, but also the pain had left his hip, and he was able to walk without a cane. A gentleman who suffered from catarrhal duodenitis, imagined that it was

(Continued on page 1218.)

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[Written for the MEDICAL BRIEF.]

Tuberculin "R." in Phthisis.

BY WILLIAM MURRELL, M. D., F. R. C. P.,
Physician to and Joint Lecturer on Medicine at the Westminster Hospital, London, England.

Ten years have elapsed since the introduction of Koch's Tuberculin, and yet it has not attained a recognized position in the therapeutics of pulmonary phthisis.

It is probable that in England not one physician in a thousand ever thinks of using it in a case of phthisis.

Dr. Heron, of London, and Prof. McCall Anderson, of Glasgow, have published successful cases, but their experience is exceptional. Prof. Anderson gives his patients large doses of cod liver oil—as much as three ounces a day—and this, perhaps, may be the explanation of some of the good results which he has obtained.

My experience with Tuberculin "R." has been unfavorable. It is true that my experience has been limited, but on the other hand my cases have been carefully observed. Had the results been better my experience would have been larger. As it is, I prefer other modes of treatment.

It seems to me that it is even more important to publish unsuccessful cases than to record those in which improvement has resulted, and this is especially the case in connection with new methods of treatment. Few people care to record their failures.

Before detailing my own cases it may be as well to give a brief *resumé* of the literature of the subject:

The bacillus of tubercule was discovered by Koch in 1882.

In 1891 Koch published his method of preparing crude tuberculin, and also his process for obtaining a pure tuberculin.

The tubercle bacillus is cultivated in an infusion of beef-extract or calves' flesh, to which one per cent of peptone and four or five per cent of glycerin have been added. The culture liquid is made slightly alkaline, and is put in flat-bottomed flasks, which should not be more than half filled. The inoculation is made on the surface from a culture upon blood-serum or glycerin agar. At the end of six or eight weeks there is

a deposit, which breaks up into fragments. These cultures are then evaporated over a water-bath to one-tenth of their original volume. The liquid is then filtered through porcelain. This crude tuberculin keeps well and preserves its activity indefinitely. It contains from forty to fifty per cent of glycerin. From this a white precipitate is obtained by the addition of sixty per cent alcohol. It is soluble in water and in glycerin, and has the chemical reactions of an albuminous body.

The original tuberculin, although of value for diagnostic purposes, especially in the case of tuberculous cattle, was soon discarded as a therapeutical agent.

Some years later, after several unsuccessful attempts, Koch brought out a new tuberculin, which he called Tuberculin "R.," and is often referred to as "T. R." It is prepared by vigorously pounding in a mortar dried cultures of the tubercle bacillus, and then adding distilled water. The whole is centrifugalized. The clear but opalescent fluid which collects at the top contains no bacilli, but the remainder contains the debris of the tubercle bacilli. This remainder is dried and pounded, distilled water is added, and the whole is again centrifugalized, after which twenty per cent of glycerin is added. This is Tuberculin "R." The following are the directions for use:

The new tuberculin is supplied in liquid condition. It is an opalescent liquid, similar in appearance to the mixture of five or six drops of milk to one-half ounce of water. It must be kept in a cool, dark, and dry place.

The solution contains ten milligrammes of solid substance in each cubic centimetre.

The treatment is generally commenced with one-five-hundredth milligramme of solid substance. If a reaction appears the dose must be still further reduced.

For dilution of the liquid twenty per cent glycerin solution should be employed. The dilutions are preferably made in the following manner:

1. With a one-cubic centimetre pipette calibrated to one-tenth, 0.3 cubic centimetre is withdrawn from the bottle, and mixed with 2.7 cubic centimetres of twenty per cent glycerin solution, making in all three cubic centimetres. This ten per cent dilution contains three milligrammes of solid substance.

2. From this ten per cent dilution 0.1 cubic centimetre is taken and made up to ten cubic centimetres with glycerin solution. Thus a one per mille dilution of the original fluid is obtained. Two divisions, or two-tenths cubic centimetre of a Koch or Pravaz syringe of this dilution, therefore contains one-five-hundredth milligramme of solid substance.

Instruments and pipettes must, before use, be sterilized with absolute alcohol and ether, and then rinsed out with sterilized glycerin solution, in order to remove every trace of alcohol and ether.

The twenty per cent glycerin solution is prepared by boiling twenty cubic centimetres pure glycerin with eighty cubic centimetres distilled water for fifteen minutes, and then cooling thoroughly before use.

Dilutions which present a turbid appearance or show a deposit which does not dissolve upon shaking must not be employed. Generally the dilutions keep well for a fortnight in a cool and dark place.

The injections are made subcutaneously about every second day, the dose being raised so gradually that a rise in temperature of more than half a degree is as far as possible avoided. Any febrile symptom caused by the injection must have entirely disappeared before a fresh injection is made. With doses of five milligrammes of solid substance and upwards it is not advisable to make more than two injections within the week, and with still larger doses not more than one. The individuality of the patient has to be taken into account.

As a rule, the dose is increased to twenty milligrammes of solid substance, and if no reaction follows the injection of this dose, the treatment is discontinued, or only repeated at long intervals.

For injection, such parts of the body should be selected at which large folds of skin may be raised. The local reaction that not unfrequently appears in the locality of the injection generally disappears within twenty-four hours, and

must be taken into account in increasing the dose.

It is with this substance that my observations were made.

Case 1.—An old soldier, aged forty-one years, was admitted to Westminster Hospital on August 31, 1898, suffering from phthisis. He had been ill for three years, and during the greater part of that time had been under treatment. His symptoms were cough with muco-purulent expectoration containing tubercle bacilli in abundance, progressive loss of flesh, and night-sweats. His physical signs were deficient, movement and dullness over the whole of the right side, with high-pitched breath sounds accompanied by crepitant râles. Posteriorly there was dullness at the right base up to the angle of the scapula with feeble breath-sounds and a few soft râles. In the supra-spinous fossa there was cavernous breathing with whispering pectoriloquy. There was no indication of mischief on the left side. The patient had tuberculous disease of the spine in a progressive condition, for which he was wearing a poroplastic jacket. His urine contained a trace of albumin, but no casts were found. His temperature during the first five days was 100° F. at night, but on the following three days was only once above 99° F. The Tuberculin "R." treatment was commenced on September 9th. The patient was kept in bed, strict antiseptic precautions were observed, and the temperature was taken every four hours night and day. The following is a list of the injections given:

No.	Date.	Dose.	Reaction.
1.	Sept. 9.	$\frac{1}{200}$ mg. in 5 c.c.	99.0°to 100.8°F.
2.	" 12.	$\frac{1}{400}$ mg. in 5 c.c.	None.
3.	" 15.	$\frac{1}{200}$ mg. in 2 c.c.	98.0°to 100.0°F. in 7½ hrs.
4.	" 16.	$\frac{1}{100}$ mg. in 4 c.c.	None.
5.	" 19.	$\frac{1}{100}$ mg. in 5 c.c.	None.
6.	" 22.	$\frac{1}{50}$ mg. in 2 c.c.	98.0°to 99.8°F. in 8 hrs.
7.	" 27.	1 mg. in 1 c.c.	98.6°to 100.2°F.
8.	" 30.	2 mg. in 2 c.c.	99.0°to 101.2°F. in 20 hrs.
9.	Oct. 4.	3 mg. in 3 c.c.	99.0°to 101.8°F. in 12 hrs.
10.	" 6.	3 mg. in 3 c.c.	99.0°to 101.6°F. in 24 hrs.
11.	" 7.	3 mg. in 3 c c.	99.4°to 101.4°F. in 16 hrs.
12.	" 13.	3½ mg. in 3½ c.c.	99.2°to 100.4°F. in 20 hrs.
13.	" 18.	4 mg. in 4 c.c.	99.2°to 101.0°F. in 12 hrs.
14.	" 19.	4 mg. in 4 c.c.	100.4°to 101.6°F. in 8 hrs.
15.	" 22.	4 mg. in 4 c.c.	98.0°to 101.8°F. in 24 hrs.
16.	" 28.	3 mg. in 3 c.c.	98.0°to 100.0°F.
17.	Nov. 10.	4 mg. in 4 c.c.	99.0°to 100.8°F.
18.	" 18.	4 mg. in 4 c.c.	98.0°to 99.6°F.
19.	" 27.	5 mg. in 5 c.c.	98.0°to 102.4°F.
20.	Dec. 1.	2 mg. in 2 c.c.	None.

From this table it will be seen that in twelve weeks the patient had twenty injections in doses ranging from one-five-hundredth of a milligramme to five milligrammes. A detailed examination of the condition of the chest was made every week and there was no improvement in the physical signs, but, on the contrary, there was some extension of the mischief at the right apex. The tubercle bacilli were still found in abundance in the expectoration. The general symptoms showed no amelioration, and for a considerable period the patient suffered from profuse night-sweats. The only hopeful sign was that the appetite was maintained and that the patient did not lose flesh. He was discharged on December 10th.

Case 2.—A man, aged thirty-five years, was admitted to Westminster Hospital on August 5, 1898. He was in the hospital for pleurisy, with effusion on the right side, in 1896. He remained well until Christmas, 1897, when he caught a bad cold, and since then his cough had never left him. He had night-sweating and there was considerable loss of flesh. On admission the physical signs were impairment of movement at the right apex, dullness on percussion, bronchial breathing in the first and second intercostal spaces, accompanied by moist râles. Moist râles were also heard at the right back up to the angle of the scapula. On the left side there was dullness at the base with moist sounds. Tubercle bacilli were found in abundance in the expectoration. The temperature for four weeks after admission, during which he had only symptomatic treatment, usually reached 103° F. in the evening. On September 12th he was given a hypodermic injection of one-five-hundredth of a milligramme of Tuberculin "R.," which produced no reaction. On the 14th the dose was repeated without effect and on the 16th it was increased to one two-hundred and fiftieth of a milligramme. On the 22d at eight A. M., when the temperature happened to be only 97.0° F., he was given one two-hundredth of a milligramme, and the temperature rose to 99.8° F., but whether as the result of the injection it was impossible to determine. On the 27th he was given

one milligramme and on the 31st two milligrammes, and again without any positive influence on the temperature. There was no improvement in the physical signs, and on October 2d he took his discharge, his condition being no better than on admission. He died three weeks after leaving the hospital and no *post-mortem* examination was obtained.

Case 3.—A man, aged forty-five years, was admitted to Westminster Hospital on August 21, 1897. He stated that he had had a cough since February, 1896, the cough being constant and accompanied by much expectoration. He had a bad attack of hemoptysis five months before and since then had frequently spit blood, the last time being about a month before admission. He had been steadily losing flesh for over a year, but had not suffered from night-sweats. There was flattening with diminished movement at the right apex in front and the percussion note over the whole of the right side was impaired. At the right apex the breath-sounds were weak and were accompanied by numerous fine râles. In the outer half of the first two intercostal spaces whispering pectoriloquy was obtained. The temperature during the first week usually reached 102° F. in the evening. On August 29th at 11:55 A. M., the temperature being 98° F., he was given a hypodermic injection of one five-hundredth of a milligramme of Tuberculin "R." At noon the temperature was 98.8° F. and at one P. M. 99.6° F. It then fell again and at three P. M. was 98° F. On September 1st at 1:45 P. M. he was given an injection of one two-hundred and fiftieth of a milligramme and at six P. M. his temperature was 101.6° F. On the 3d at 9:30 A. M., the temperature being 100° F., he was given an injection of one one-hundred and twenty-fifth of a milligramme, and at ten A. M. the temperature was 101.8° F., after which it gradually fell. On the 9th at 6:15 P. M., the temperature being 100° F., the patient was given a hypodermic injection of one eighty-third of a milligramme. At 6:30 the temperature was 101° F. and at seven it was 101.8° F., after which it gradually fell. The patient was given in all six injections, the maximum being one-fiftieth of a milligramme, but there was no improvement either in the symptoms or in the physical signs. His appetite failed to improve, and as he was rapidly losing flesh he was sent home.

The reaction produced by Koch's original Tuberculin was certainly of some diagnostic value, but with the new Tuberculin there is very slight reaction, and therefore its use in diagnosis is less.

It may be that if cases were carefully selected and only patients in a very early stage treated by this method better results would be secured. Possibly, too, the number of injections was too small, for I believe that in a successful case published by Prof. McCall Anderson forty-seven injections were given in four months. The maximum dose of the new Tuberculin is said to be twenty milligrammes, but that is a very large quantity, and I have not ventured beyond five milligrammes. The irritation produced at the seat of injection is often a source of trouble and inconvenience to the patient. The expense, too, is a serious consideration, and a physician hesitates to recommend the employment of a remedy which runs up to over four dollars a dose. I endeavored to get it made in England on more reasonable terms, but was told that although the formula was published, the exact details were not known. It is still, to all intents and purposes, a proprietary preparation. I am positive that in these particular cases I could have obtained far better results with my formic aldehyde treatment, the details of which I have already published.*

* MEDICAL BRIEF, May, 1899; *British Medical Journal*, January 28, 1899.

Heusner's Lotion in the Night Sweats of Phthisis.

Kohnstamm (*Therapie der Gegenwart*) says that this lotion is effective in the night sweats of phthisis and in the hyperidrosis of exophthalmic goitre. This is the formula:

R	Balsam of Peru	1 part.
	Formic Acid	5 parts.
	Chloral Hydrate	5 parts.
	Absolute Alcohol	100 parts.
M.		

He adds that its efficiency is heightened by the addition of one part of trichloracetic acid.

[Written for the MEDICAL BRIEF.]

Membranous Exudations About the Air Passages; Their Significance to the Busy Practitioner.

BY A. SANDNER, M. D., M. R. C. S. (ENG.), L. R. C. P. (LOND.), Chicago, Ill.

If any apology for the space occupied by these lines in the valuable BRIEF is needed, I trust that the attempt at the correction of the erroneous idea of regarding any and every membranous deposit about the fauces, as diphtheria, will be sufficient, and that the therapeutic suggestion given below may elicit reports from the brotherhood of the BRIEF on this subject.

The initiative to this article was an able and lucid article read before the Medical Association of the City of Greater New York, April 9, 1900, by J. B. White, M. D. (published in *Pediatrics*, July 15, 1900), entitled "The Diagnosis and Treatment of Diphtheria." The author says:

"From a pathologic point of view, we can not fail to recognize three distinct conditions of membranous exudation about the air passages:

"One, presenting itself in greyish aphthous patches, occurring most commonly in states of debility and deranged digestion, the true nature of which, together with its microscopic fungi, was first defined by Gruby, in 1843, and to which he gave the name of muguet.

"Another is the local non-contagious inflammatory affection about the glottis, accompanied with stridulous breathing, the pathology and nature of which was first definitely described by Home, of Edinburgh, in 1865, under the term of croup, and subsequently by Cheyne and Sir Charles Bell as cynanche trachealis.

"The third is the specific, contagious, infectious, asthenic, general disease accompanied with a peculiar cacoplastic lymph-exudation, spreading a thick, tough and stratified film over tonsils, palate, uvula, larynx, pharynx and trachea, with tendency to invade the bronchial tubes and nasal passages. A disease so malignant in type that there are instances upon record in which it has run its course from health to death in less than a single day, and sometimes killing even before the diphtheritic pellicle has had time to form—a disease accompanied with great prostration, commonly with albuminuria, sudden and dangerous changes of temperature, cutaneous eruptions, enlarged glands, and even paralytic complications.

"The last one is diphtheria, and the nature and efficacy of remedies vaunted for its successful treatment must be tested in the presence of these characteristic symptoms to establish faith in their efficacy."

In my opinion, he should have added one other variety in which the deposit is almost exclusively confined to the tonsils—follicular tonsillitis—and forms aphthous patches which, when they become confluent, form a complete grayish layer upon the tonsils. This occurs most frequently in rheumatic subjects.

If we accept the foregoing pathological classification as correct, we can easily imagine the difficulty confronting the busy practitioner in singling out undoubted cases of diphtheria for treatment by the serum-method, and we can easily picture the harm resulting from injections of serum in cases coming under the heads of one, two and four of the above classification, even if we grant that good can result from such treatment in No. 3.

Of course, the effort of the attending physician should be directed towards establishing a correct diagnosis. But this should be done much more by clinical evidences than by bacteriological examinations. The above author says: "The bacteriological evidences upon which many now solely rely for conclusive diagnosis must have no significance if unassociated with the clinical picture described, for what are supposed to be the characteristic germs have been detected in conditions of apparently perfect health."

Now, the difficulty in the practice of medicine is that diseases—even diphtheria—do not always correspond to the description of an orthodox type. The same bacteriological infection may in different constitutions give rise to diseases with entirely different clinical aspects. An infection with the diphtheritic virus will cause in the one case the severe prostrating disease depicted

above, whilst in the other the constitutional depression of the individual is insignificant, nevetheless just as specific, contagious and infectious as in the first.

Although a correct diagnosis may be very desirable from the first, it is frequently impossible to be arrived at when called to a fresh case, and so far as the therapy is concerned it is well to be acquainted with methods which are at the same time harmless, rational and efficacious. These measures should be instituted at once in every case. The first and most important axiom is to keep the atmosphere moist. This may be done by the inhalation of steam, to which a reliable antiseptic may be added. In my experience, equal parts of spirits of chloroform and Sander's Eucalyptol (twenty drops to be added to the water at each inhalation), has given the best results. At the same time counter-irritation to the outside of the throat by equal parts of tincture capsici and oleum ricini is advisable. If the little patient is old enough, three to five drops of Sander's Eucalyptol should be poured on a piece of sugar and the patient directed to allow it to dissolve in the mouth.

By the second day the category to which the throat affection belongs will, as a rule, become apparent. In Nos. 1 and 2 of the above classification the patient needs attention to the digestive tract in the one, and a continuation of the treatment outlined in the other. The diphtheritic patient and the one with tonsillitis present two entirely different aspects. In the former the most significant feature is the constitutional depression. The antiseptic inhalations, as well as the local application of Eucalyptol in the manner indicated, should be continued, and a stimulant should be given, of which the best is strychnine sulph., one two-hundredth to one one-hundred-and-fiftieth grain every two to six hours. Good brandy, a desertspoonful per day in divided doses to a child one year old, and nourishing diet, are excellent auxiliaries. In the patient with tonsillitis the fever is, at the commencement, as a rule, higher than in diphtheritic patient, and stimulation is not only unnecessary, but absolutely harmful. The best results in these cases follow the administration of the following:

℞ Tinct. Aconit ..... 20 minims.
Sodii Salicyl ..... 1½ drachms.
Spir. Aeth. Nitros ..... 1½ drachms.
Syr. Limonis ..... 5 drachms.
Aquæ ..... ad q. s ..... 4 ounces.
M. Teaspoonful every two hours to a child one year old.

The tonsils should be painted with:

℞ Spir. Chloroform ..... 3 drachms.
Sander's Eucalyptol ..... 2 drachms.
Glycerin ..... 1 drachm.
Acid Tannic ..... 2 grains.
M. Apply with brush to the affected tonsil.

The observation of these simple therapeutical rules has given me great satisfaction in throat cases, and I consider that in whatever light we may look upon our scientific colaborators, practical success is the prime and most desirable factor with the busy practitioner. I have said nothing about intubation and tracheotomy, but am confident that, provided the above suggestions are early resorted to and faithfully carried out, very few cases will be in need of either.

[Written for the MEDICAL BRIEF.]

Treatment for Drug Habit.

BY J. A. MUSICK, M. D.,
Waldrip, Tex.

Will not some noble-hearted brother physician give us, through the BRIEF, a formula that is a certain, harmless, painless, quick home cure for the treatment of unfortunate drug users? I have just finished perusing, searching my BRIEF files in the vain hope of finding such a recipe. The editor had said some good things. But, what do I find? Why, there is Dr. A., Dr. B., and on down the alphabet some doctor, whose name begins with almost every letter, who has a cure. Some talk very learnedly. Cure in twenty-four to seventy-two hours. Why is it that some of them are not as willing to give us their treatment for this disease the same as if it was for malarial fever? Can it be that all of them have a "sure cure," and still keep it to themselves? Or, can it be that they know their formulæ are frauds, and are, therefore, ashamed to let them be known? There are advertisements *ad infinitum;* will cure for a fee of from fifty cents to five hundred dollars.

Come, doctors, get out of your narrowness, and if you can help, help—help now.

[Written for the MEDICAL BRIEF.]

Specific Treatment.

BY S. SCRUGGS, M. D.,
Clay Center, Neb.

Doctor, did you ever count on your fingers the number of diseases that you know exactly how to treat? Now, I want to explain that this question is addressed to only a certain class of physicians—common, everyday fellows, who, though they are good readers and good thinkers, and keep themselves well up with the times, are, nevertheless, unable to agree on the same line of treatment in all cases. I mention this because I am aware that there are a great many in the profession who will regard the question as foolish. For instance, the doctor in a town or country who has, in the estimation of the community and himself, stood at the head of his class, whether that be large or small, for years, and whose judgment finally disposes of all medical and surgical cases in his neighborhood. A doctor of this class knows exactly what to do in every case he sees, and thinks every one a blockhead who does not see as he sees. I often wonder, when I meet a man of this kind, if he ever thinks about how the world will get along when he is dead.

And, again, the young doctor who, after four years in college and, perhaps, a year or so in hospital, locates near an oldtimer, and laughs at him because he can not name the muscles brought into action when he takes a drink of water. It is absurd to think there is any disease to which flesh is heir that this young man is not able to treat specifically. But I want to bring this subject to the attention of those who wish to consider it, and mention the diseases which appear to me to be specifically treated. I am sure the list will be small, and, very likely, some of my readers can enlarge it. If so, I hope they will not fail to impart the knowledge to me and other practitioners by having it published in this journal. I mention this because I know that, occasionally, we meet with a doctor who really thinks he has a specific for a certain complaint, when, in truth, he is mistaken. I remember a doctor, over in Illinois, of more than ordinary intelligence and information, who, in speaking of acute rheumatism, remarked that he never had any trouble with it, never failed to break it up in short order, and that he had as much confidence in his treatment for acute rheumatism as he had in quinine for malaria. In another conversation with the same gentleman, I told him that I had at last found in a text book what I had believed for years—that the best treatment of pneumonia had very little to do with the final result of the case. "And where did you find that?" said he. "In Osler's Practice, which is just out." "Well," said he, "that is as much as I want to hear from Osler, because I know that I have cured lots of cases." Now, it happened that not a great while after this last conversation, the gentleman was stricken with acute rheumatism. He had his partner treat him for a while with his own infallible remedies, and when they failed he called in his neighboring physicians, and still not improving he sent to Springfield for his "big gun," and when he failed the unfortunate patient had to "sweat out" the six weeks, which old Dr. Watson used to say was the only cure for acute rheumatism. As soon as he was able to travel he went over to the mud baths in Indiana, and remained there until he was completely restored; and I am told he goes back there every year, and takes treatment for fear of another attack. I also learn that this spring he spent several weeks in Osler's College in Baltimore. I should like to know what he now thinks of his ability to cure pneumonia.

In order that we may properly investigate our subject, I will open one of our most popular works on Practice. In the first section I find thirty-seven diseases mentioned, and of this number two, malaria and syphilis, may be specifically treated. Small-pox may be modified or prevented by vaccination, and it is claimed by many that diphtheria may be cured by antitoxin, but my very limited observation leads me to think that it kills more than it cures. Whether this result is due to the poisonous nature of the remedy, or improper administration by careless or ignorant practitioners, I am unable to say.

In section two there are twelve diseases, not one of which can be treated specifically.

In section three there are ten chapters, in which seventy-three different diseases are discussed, but no specific remedies mentioned.

Section four has five chapters, and thirty-six diseases are described and treated, but none specifically.

Section five has three chapters, thirty diseases named, but no specific remedies.

To save time and space I shall say that there are six other sections in the book, and these describe about one hundred and sixty different diseased conditions, and in the treatment given for these diseases I find no specific remedies given, except for alcoholism, itch and worms. To sum up, we have about three hundred and fifty diseases described and specific treatment given for five. This leaves three hundred and forty-five to be treated according to the diagnosis and judgment of the attending physician. If the diagnosis is correct, the doctor may adopt any one or a mixture of various methods of treatment, and from one to fifty different remedies, and yet be considered up to date. But if he is lame on diagnosis, the patient had better consult a Christian Scientist or magnetic healer. One thing that looks a little curious to me, though I never mention it outside of the profession, is that all of the specific remedies that I know anything about were discovered long before I ever heard anything about Koch, Pasteur or Loeffler, or streptococci, staphylococci, gonococci, or any other cockeye.

I am not disposed to put on airs, but I can not help feeling elated when I think of how much I have learned and positively know about medicine. And it makes me feel proud of my profession when I think of my young friends just out of college, and my old friends who are so full of knowledge, and realize how easy it is for them, as well as myself, to know exactly what to do for a case of chills or syphilis, precisely how to make a drunken man sober, give a dead shot remedy for itch, and kill every worm in the alimentary canal.

[Written for the MEDICAL BRIEF.]

Medical Delusions.

BY G. M. DEWEY, M. D.,
Keytesville, Mo.

Human ills are so obscure,
That no one knows the cause or cure.
Yet in all times and in all ages
So many fools have posed as sages.

The first M. D.'s of any note,
Who about human ailments wrote,
Who undertook to cure disease
Were Galen and Hypocrates.

A woman, a long time ago,
Down in the land of Jerico,
Who from the record it appears
Had been sick for twelve long years.

The doctors then, as they do now,
Got all her money and her cow,
And as the Scriptures truly say
They made her sicker every day.

Sangrado had a reputation
For spilling blood like all creation,
But as the patients mostly died
This practice has been laid aside.

Of all the follies in our day
Sure Christian Science has the sway,
While in the press they advertise,
Their published cures are mostly lies.

Smith, by his cant and praying,
Berlin idiots is swaying,
A hypocrite, a false pretender,
Religious fraud, a money spender.

By magnetism some are lured
Who claim by it they have been cured
They now are singing panegyrics
Over a cure of pure hysterics.

Bone doctors are a fraud, no doubt,
Who claim to rub diseases out.
Of real merit unpossessed—
A rank delusion like the rest.

Still, silly people do prefer
A hoodoo or a conjurer,
A doctor unpossessed of sense
'Though full of boast and false pretense.

Now, every one his choice can make
Between a doctor and a fake.
Of certain cures they all will boast
The meanest ones will brag the most.

Dame Nature lends a helping hand
To every pathy in the land.
Whether by science or by guess,
All sorts of doctors have success.

The Chinaman gets well, we see,
On lizard soup and ginseng tea.
Doctored right or doctored wrong,
Mankind still lives about so long.

Insect Bites.

A preventive against insect bites is a solution of quinine and glycerine.

[Written for the MEDICAL BRIEF.]

Eclampsia—Its Treatment, With Observations on the Dangers of Stimulation.

BY A. S. BLEYER, M. D.,
Physician at St. Louis Female Hospital.

I desire to open this report with the statement that my ideas of the futility of drug therapeusis in eclampsia—and they are not, unfortunately, of uncommon conception—were faulty, or, at least, were so erroneous as to be benefited by modification. The following is to exemplify this statement:

Parenthetically, I will add a word of explanation. Our teachers and textbooks tell us that the keynote of treatment in this condition is to produce rapid elimination of certain toxic substances, probably of katabolic origin, then existing in dangerous quantities in the organism. One result, then, being dependent on the quantity of the poison to be excreted, and the degree of activity that can be excited in the emunctories. Unquestionably, this is one ulterior object; the cause must be dissipated before we can reasonably expect a subsidence of its manifestations. But do clinical results warrant us in assuming with any assurance the power to eliminate sufficiently in the limited time given us? If my answer be biased by notes from an extended series of cases of uremic convulsions, it can not be in the affirmative. Are there any means of delaying the convulsions long enough to give to us time sufficient to effect removal of the toxic elements by elimination? There is no question but that to delay a spasm is to brighten our prognosis. That our methods of extracting the "*materies morbi*" in the time afforded us are inadequate are proven by mortality statistics, and that the fact exists that convulsions can be averted, muscular twitchings and restlessness allayed by the use of veratrum viride in full doses, guarantees to us that in this substance we have a power, however limited. This usually credited limitation is what I believe to be a general misconception among the younger men.

The eclamptic condition is a critical one. Veratrum is a drug, terrible in its potency, but I believe as specifically indicated in eclamptic spasm as is morphine, where pain must not be felt.

Furthermore, I regard the stimulation necessary during a hot pack, especially where some febrile action exists, of more danger than the administration of chloroform to obstructing kidneys.

"Stimulation" has its synonym in eclampsia, in "convulsion"; "veratrum viride" in "rest."

Whatever the causative factors, eclampsia is notably a condition of highly increased nervous irritability. Perhaps it is possible to so far depress the motor centres that muscular contractility becomes impossible. Now, if this "time" can be prolonged sufficiently, without imminently jeopardizing life, to permit of elimination, we have all that we can hope for.

No more beautiful demonstration of the efficacy of a drug can be seen than to observe a patient poisoned into unconsciousness, restless from an irritability that deforms her, and, beholding, causes us to be seized with horror, gradually cease her convulsive movements, relax, sleep following in from six to twelve minutes the hypodermatic administration of this drug. Its effects are those of chloroform (a dangerous drug in eclampsia), slower of development, and more lasting, and as positive.

The following citation is a series of extracts from a case that will illustrate:

Mrs. Matilda R., age nineteen years; white; multipara; admitted in Female Hospital of this city on June 29. Physical condition good, except for systolic murmur at apex of heart, transmitted to left and heard posteriorly (possibly an attendant of late months of gestation, though it was present one month after delivery). Showed premonitory signs of eclampsia, and though urine analysis was negative, I at once restricted her diet to non-nitrogenous substances, and used every means to promote activity of the eliminative systems, with an encouraging disappearance of all symptoms on following day. On July 1, however, *i. e.*, one day later, I was summoned to witness her in convulsion. This attack lasted several minutes and subsided without use of chloroform. Used morphine hypodermatically at once, and chloral per rectum.

The routine hot pack, in which I kept her for twenty-six minutes, did little besides to raise her temperature to 102.2° F. Pulse running ninety-six and full. At twelve M. had second convulsion. Chloroform given and pushed to narcosis. Proceeded at once to digital divulsion of cervix, and application of axis-traction forceps (Tarnier.) Considerable bleeding followed insertion of male blade, but caused no delay. Child delivered at 1:03 P. M. Laceration anterior lip cervix; otherwise not slightest abrasion, either of mother or child, perineum remaining intact. Weight of child, eight and a half pounds.

Mother received submammary injection of normal saline solution. In following twenty-four hours she received chloral, fifteen grains, four times; morphine, one-quarter grain, six times (according to Clark, Olshausen and Veit), and two saline enemæ, and irritating enemæ sufficient to produce frequent evacuations.

There occurred three more convulsions with marked periodicity, at intervals of three hours. Veratrum viride first given at 8:10 P. M., unfortunately with digitalin, which acted but to hinder. One convulsion, the last, was at nine P. M. Consciousness returned in twelve hours, and from this time progress of case was without interruption.

Invariably throughout the stage of high irritability matters were seriously aggravated by any sort of stimulation; for example, digitalin bringing on twitchings in seven minutes on three occasions, the rise of the pulse volume, with lessening compressibility, being the forerunner of restless tossings, twitchings and, at length, convulsion. Equally as invariable was the benign effect of veratrum viride, of which I used of the tincture fifty drops in twenty-six hours. *Pari passu*, does restlessness subside or increase as the pulse slows or hastens, and as drugs are given that depress or excite?

Our indication in eclampsia, then, is to depress the motor centres almost to the danger point, and, controlling them, to produce active elimination. But let no one depend on elimination without so far depressing the centres that contractility practically becomes impossible, and so avert convulsions while Nature is working to regain the mastery of the situation. And, above all, let our by-word be, that "stimulation" in eclampsia means "convulsions."

[Written for the MEDICAL BRIEF.]

Fallacious Opinions of the Laity in Diseases of the Eye, in Reference to the Specialist.

BY E. E. TRUITT, M. D.,
Maquon, Ill.

It is becoming the custom more and more, as the years roll by, for the laity, in all affections of the eye, whether demanding medical or surgical aid, whether it be simple conjunctivitis or cataract, to go and consult and take treatment from a specialist in some of the larger cities or towns. In this case, ignoring the general practitioner's ability to treat any disease of the eye, when he may be just as competent to treat the disease as the specialist is, with perhaps one-third the cost that he pays the specialist.

Case 1.—During last winter, a school boy had gotten some poisonous coloring matter in both his eyes. He had a well-defined case of conjunctivitis and ophthalmitis. The parents hesitated as to sending him to an oculist in one of the not far distant cities, or let me treat his eyes. They finally concluded to let me treat him. Accordingly, I prepared some yellow oxide of mercury ointment, ten grains to one-half ounce of petrolatum, and some borax and boric acid solution, borax, thirty grains; boric acid, ten grains; distilled water, two ounces. I had the boy call at my office twice a day. In the morning I would evert the lid and introduce a small piece of the yellow oxide ointment, and in the evening would drop the solution in the eye. After continuing this treatment for two days the eyes were almost well. The fee for curing was not over one-half that of a specialist.

Case 2.—Along in the month of July Marvin F. took a severe conjunctivitis and ophthalmitis in left eye. He treated it himself with some eye water that he had on hand for a considerable time, till the eye got so bad that he became somewhat alarmed. Not wishing to

consult a specialist, he came to me. On examination found the conjunctiva and eye-ball badly inflamed, a slight ulcer, or break, in the corner at the right margin, intense photophobia. He had been troubled with sore eyes for many years during the summer, and had always gotten relief from colleges of local physicians. His system shows dyspepsia, indigestion, sluggish bowels, uric acid in excess, and the sore eyes idiopathic.

Treatment.—I put him on the following:

℞ Iodide of Pot..... 2 drachms.
Fowler's Sol..... 1½ drachms.
Stillingia Com ..... 1 ounce.
Syr. Simp..... q. s. ad..... 4 ounces.

M. Sig.: Teaspoonful four times a day.

I put him on a tablet of nux vomica, podophyllin and belladonna, to regulate his bowels and restore tone to the digestive organs. I applied the yellow oxide ointment once a day, and had dropped into the eye, three or four times a day, the boric acid and borax solution. It has now been ten days since commencing treatment, and the ulcer is healed, the inflammation almost gone, the photophobia diminishing, and he is almost well.

This case goes to show that in a great many cases of sore eyes, there is a constitutional dyscrasia at the bottom of the trouble, which must be recognized and treated in order to produce a cure. This dyscrasia the general practitioner is more liable to recognize and treat than the specialist, because he studies and treats diseases of any and all parts of the system.

Case 3.—Arthur A., a young man, had been afflicted with granulated lids for most of his life. He applied to me for treatment early in the fall. I took the case, and treated the lids with iodine solution for awhile, and then with blue stone. After two months' treatment the thickened lid began to raise, and the granulations were much reduced. One cold, windy night, he rode four or five miles to see a lady friend, and on coming home and arising the next morning he was very much alarmed by his eye paining him, and not being able to see with one eye. He had taken cold in the eye on which the blue stone was being used, and a corneal ulcer had formed that night. He did not even stop to see me, but rushed off to a specialist. After remaining in the city for many weeks, and paying out a great deal of money for board and fees, he got the ulcer healed, but he could not see perfect out of the eye on account of the scar on the cornea. If he had taken care of himself, he would not have had the ulcer. And if he had come to me I would have cured the ulcer as well as the specialist, with one-third the expense that it cost him to go to the city for treatment from an oculist.

In diseases of the eye requiring medical treatment, I do not see why the general practitioner can not treat them just as well as the specialist. But in surgical cases the specialist is all right. And yet there are only a few operations on the eye that are difficult to perform, such as cataract, and that is now becoming amenable to medical treatment with *Succus Maritima*. Pterygium is a surgical disease that a general practitioner ought to be prepared to operate on.

Before I close, I wish to give a pointer or two on conjunctivitis. This is the most common disease of the eye we meet with.

When a case of this disease comes to you, from whatever cause it may be, you can generally cure it in two or three days by insufflation into the eye of English calomel twice a day, or:

℞ Sulph. Zinc..... 1 grain.
Sulph. Morphia..... 1 grain.
Sulph. Alumæ..... 1 grain.
Sulph. Copper ..... 1 grain.
Sulph. Atropia..... ½ grain.
Rose Water..... 1 ounce.

M. Sig.: Drop in the eye three times a day.

The Prophylaxis of Tuberculosis in Children.

Olimpio Cozzolino (*Giornale Internazionale delle Scienze Med.*) says that it is easier to treat children than adults, because, being subject to parental guidance, they are more tractable. Infectious diseases often lead to pulmonary tuberculosis, and children predisposed to phthisis should be especially guarded from infection. Every hygienic precaution should be observed, and an open air life insisted upon, with due regard to cold, rain, and wind. A carefully graded course of cold bathing is excellent. Antisepsis of the air passages and care of the teeth are of special importance. Milk, fats, honey, cocoa, are valuable foods.

[Written for the MEDICAL BRIEF.]

Tetanus.

BY J. D. KELLY, M. D.,
Keyport, N. J.

P. J., thirty-five years old, colored, recently from the South, arrived here June 1st and went to work on a farm. June 5th, while in his bare feet, stepped on a thorn, which he extracted, and, thinking nothing of it, continued to work till the 15th, when he felt a stiffening of the jaws and inability to work, owing to vertigo, which caused him to fall at times. This condition kept getting worse till, on the 17th of June, he was unable to stand. On the evening of the 17th he was brought to the residence of Rev. Mr. Hall, the negro preacher, who had known him before he came here. At this time his entire body was so rigid that he had to be carried, as if he was of stone. I found, upon examination, a man of marvelous physical development. Height five feet ten inches, weight one hundred and eighty-five pounds, with a large neck, and his entire muscular system made of him a man of herculean strength. Nervous susceptibility of the lowest. Temperature normal, pulse one hundred and twenty. Jaws were so rigidly set that he could not pull them one-fourth of an inch apart with all his strength. As he was laid upon the bed a paroxsym came over his entire body, and he was suddenly jerked upon the back, head and heels. His agony was awful to see. This condition would last five minutes, when the muscles would relax and he would collapse, leaving his body covered with beads of perspiration. I began my treatment with a sponge bath, as I could not bend his body so as to get him in a bath tub. For the quieting of the paroxsym and pain I put him on chloral, twenty grains, every two hours during the night. This relieved him some, but he slept none, and was in great agony all night.

On the morning of the 18th I found the jaws still set, with the body resting on the head and hips, leaving a space of six inches under the lumbar region. The abdominal muscles were so tensely stretched that they felt as if made of wood. Treatment for the 18th was morphia hypodermically, one-half grain, every four hours; electricity applied to abdomen, with my hand at same time using massage. Paroxsyms about every four hours, with opisthotonos and great suffering.

His condition on the 19th and 20th was not changed, except in great loss of strength. He was able to drink plenty of milk and water, owing to upper teeth being out.

I was called early on 21st, and found that he had passed a terrible night, and his heart's action was so weak that I did not expect him to live through the day, but with plenty of stimulants, with digitalis and strychnine, he held his own till the evening of the 22d, when I had no hope of saving him; but knowing that in all cases of this awful disease if your patient can be kept alive till the sixth day he is likely to get well, I redoubled my efforts to accomplish this end. (I will say here that I had on the second day applied large blisters to the spine and abdomen.) On the 23d found the jaws could be opened half an inch, and the paroxysms were confined to the abdominal muscles, owing to the peristaltic action of the bowels, which were very tympanitic. This was encouraging, and did not change the treatment. On the night of the sixth day he became delirious and it took two men to keep him in bed, but on the morning of the seventh day I realized that I had gained a victory over one of the most fatal of diseases known. I found all the muscles perfectly relaxed, the jaw could be opened to its fullest. Yet I have not saved my patient, for with a temperature of $98\frac{1}{2}$° F. he is as delirious as if he had typhoid fever. He remained in this delirious state for ten days and then almost suddenly his mind was clear, and I saw before me the shadow of the man to whom I was called to treat but three weeks before.

In conclusion, will add that this case is interesting because it is a typical case of the worst form of lock-jaw; that your chance of saving such cases is in proportion to their ability to pass through an ordeal of agony that is equaled in no other disease except hydrophobia.

[Written for the MEDICAL BRIEF.]

Hip Joint Disease and Its Modern Treatment.

BY STEWART LEROY M'CURDY, A. M., M. D.,
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Hip-joint disease is also known as morbus coxarius, coxalgia, and coxo-tuberculosis. It is a tubercular disease of the hip joint, and embraces about sixteen per cent of all tubercular bone and joint diseases. The primary focus is generally found in the head of the femur, although it may be in the neck, greater trochanter, acetabulum, ligamentum teres or capsular ligament. It may also be, and is, in about seven per cent of cases, primarily a synovitis. In children ostitis is more frequent, and in adults the primary lesion is more frequently in the synovial membrane. It is generally single, although a secondary focus may appear on the opposite side, and Ridlon has reported fourteen cases of double hip disease. Statistics show that about two-thirds of cases are in the left hip.

Etiology—Age.—It is distinctively a disease of childhood, the majority of cases occurring between the ages of two and thirteen; although cases of true hip disease have also appeared in patients over sixty years of age. Eighty-four per cent of cases occur before the age of fourteen years. Relapses occur more frequently from thirty to forty years of age.

Sex.—Males are more frequently the victims of hip disease because they are more active and more liable to receive injuries. L. A. Sayre says that phimosis is a cause, and Barwell says that it is present in ninety-five per cent of cases. The admission that genital irritation may produce reflex symptoms, resembling hip-joint disease, would also account for the greater number of males than females.

Heredity plays a most important part in the production of the disease. Indeed, it may be said that it is rare that an hereditary history can not be traced. Gibney, in something over five hundred cases of tubercular disease, has found but one without an hereditary history. Senn has called attention to the fact that the more severe tubercular diseases affecting bones and joints are the result of slight injuries. In other words, it would be better for one of these tubercular children to receive a fracture than a slight contusion, although slight injuries are harmless in children enjoying perfect health.

Symptoms.—The symptoms of early hip disease are the most obscure of all joint affections, but in the later course they are so manifest that no one need mistake this disease for other affections. As a rule the symptoms develop gradually, but in some cases the onset is very sudden.

Limping is an early symptom. It is more marked in the morning, and passes off as exercise is taken. It is always present as one of the early as well as the later symptoms.

Atrophy.—The reflex spasm of all muscles which have to do with the movements of the affected joint soon results in atrophy, and this symptom may be found as early as one week after the onset of the disease, and even before many of the other symptoms have been observed. This can be detected by circumferential measurement of the thighs, and can be seen by the disappearance of the gluteal fold, and dimple and flattening of the buttock. In females, the vulva is lower on the affected than on the other side. The atrophy, which is such a marked symptom in all cases of hip disease, is much more marked after excision, and Vincent has shown that the foot is much smaller after this operation, the fact being demonstrated by taking a series of plantar imprints. He found atrophy of all the structures of the foot, and especially of the os calcis.

Night Cries may be a very early symptom. They are heard during the early part of the night. As the patient goes to sleep the muscles which have been in spasm during the wakeful moments relax. This results in a change of relationship in the joint which causes pain, and the sudden reflex contraction of the muscles produces the characteristic cry.

Pain.—The pain of hip disease is not usually in the joint, but is referred to the knee and the leg as low as the ankle. The pain is reflex, and due to the irritation in the joint, associated with spasm of the muscles crossing the joint in their effort to protect the diseased area. A joint in tuberculosis is more or less sensitive, and the vibratory impulses imparted to it by walking, and in acute cases even jostling of the bed increases the pain, and the rigidity of the muscles is an effort on the part of Nature to afford protection. Pain is often remittent; it may, indeed, be absent, and is not at any stage of the disease a diagnostic sign for or against the presence of hip disease. When pain is referred to the knee it means that the primary focus is in the femur, and when the pain is in the neighborhood of the joint or sacrum, there is more likely to be synovial or pelvic disease.

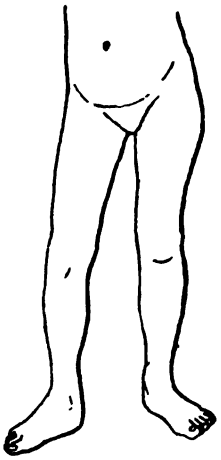


FIG. 1. First Stage.

Glandular enlargement may be found early, and is a forerunner of abscess formation. A doughy or brawny feel about the joint, as Steele calls it, is imparted to the touch.

Deformity.—A tilting of the pelvis is observed quite early, due to a fixed condition of the thigh upon the pelvis. The abnormal and fixed relationship between the pelvis and thigh found in the early stage results in a condition of apparent lengthening, during which time the leg is in abduction and slight flexion (Fig. 1). Later, or during the stage of apparent shortening, the leg is thrown in toward the median line, in a position of adduction with flexion (Fig. 3). This change of relationship is due to the escape of the product of tuberculosis from the bone into the joint bag, and from the joint bag into the surrounding tissues. When the leg is in abduction the foot is also in this position, and the toe is generally everted (Fig. 4); when in adduction the toe is generally inverted.

FIG. 2. Showing Flexion From the Side.

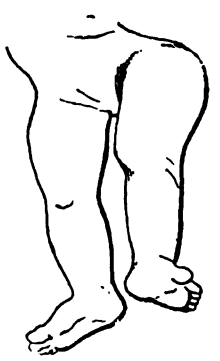


FIG. 3. Second Stage.

There is a vast difference between the stiffness or rigidity of a joint and limited motion. The former term means restricted motion in all directions, and in the latter, motion is limited in but one direction, the joint being freely movable in all other directions.

Shortening.—In the study of this deformity we estimate it as real, when actual bone shortening exists, and is determined by measurement from the anterior superior spine to the internal malleolus, and apparent when it is due to flexion and adduction of the thigh upon the pelvis. The constant spasmodic condition of the muscles makes such pressure of the diseased head of the femur against the superior rim of the acetabulum, as results eventually in a wearing away of the head of the bone as well as a portion of the rim of the acetabulum. When there is marked, or it may be complete, destruction of the head of the femur, there may result a partial or complete dislocation. The method of estimating the amount of shortening is done by measuring the distance from the anterior superior spine to the internal malleolus of the well side first, and comparing it with the distance from the same points on the affected side. A record of this should be kept at every examination so as to determine whether the shortening is increasing or not. The amount of shortening may

FIG. 4. Third Stage.

also be determined by a study of Nelaton's line, which is a line drawn from the anterior superior spine to the tuberosity of the ischium; if the head of the bone is in the normal acetabulum, the line will cross the highest point of the great trochanter.

The shortening, after excision, is one to four inches; after no treatment, one to six inches, and after correct treatment, from cipher to one and one-half inches.

LOVETT'S TABLE.

DISTANCE BETWEEN ANT. SUP. SPINES IN INCHES.

DIFFERENCE IN INCHES BETWEEN REAL AND APPARENT SHORTENING.	3	3½	4	4½	5	5½	6	6½	7	7½	8	8½	9	9½	10	11	12	13
¼	5°	4°	4	3	3	2	2	2	2	2	2	2	2	1	1	1	1	1
½	10	8	7	6	5	5	4	4	4	4	4	4	4	3	3	3	3	2
¾	14	12	11	10	8	8	7	7	6	6	5	5	5	4	4	4	3	3
1	19	17	14	13	11	10	9	9	8	7	7	7	6	6	6	5	5	4
1¼	25	21	18	16	14	13	12	11	10	9	9	8	8	7	7	7	6	6
1½	30	25	22	19	17	15	14	13	12	12	11	10	10	9	9	8	7	7
1¾	36	30	26	23	20	18	17	15	14	13	13	12	11	10	10	9	8	8
2	42	35	30	26	23	21	19	18	16	15	14	14	13	12	12	10	10	9
2¼		40	34	30	26	24	21	20	19	17	16	15	14	14	13	12	11	10
2½			39	34	29	27	24	22	21	19	18	17	16	15	14	13	12	11
2¾				38	32	29	27	25	23	21	20	19	18	17	16	14	13	12
3				42	35	32	29	27	25	23	22	21	19	18	18	16	14	13
3¼					39	36	32	30	27	26	25	22	21	20	19	17	15	14
3½						40	35	33	30	28	26	24	23	22	21	19	17	16
3¾							38	35	32	30	28	26	25	23	22	21	18	17
4							42	38	35	32	30	28	26	25	23	21	19	19

To estimate the amount of abduction and adduction, use is generally made of the goniometer; but this method is rather indefinite, and the instrument is not always at hand.

To make the estimate, move the limb slowly in the direction of abduction and adduction, alternately, and observe the movements of the iliac spines, and allow the leg to rest when they are at right angle with the axis of the trunk. One arm of the goniometer is then held parallel with the line of the iliac spines. The other arm is then made to coincide with the line parallel, as near as may be, with the axis of the limb, which may, for this purpose, be considered to extend from the middle of Poupart's ligament to the middle of the heel. The degree of abduction or adduction is shown by the indicator on the goniometer. Lovett has given us a table for estimating these deformities, which may be presented as follows: In measuring patients it is found that real and practical (apparent) shortenings of the leg are often not the

same in same patient, and that the difference between them varies in proportion to the amount of deformity present. This was taken as a basis for constructing the preceding working table. To measure by this method the patient is made to lie straight with the legs parallel. Real shortening is measured with the ordinary tape measure from each anterior superior spine to the corresponding internal malleolus, and that practical shortening, or apparent shortening, is found by measuring from the umbilicus to the internal maleoli. The difference between these two kinds of shortening is seen at a glance. The only additional measure necessary is the distance between the anterior superior spines which is taken with the tape. Turning now to the table, if the line which represents the amount of difference in inches between the real and apparent shortening is followed until it intersects the line which represents the pelvic breadth, the angle of deformity will be found in degrees where they meet. If the practical shortening is greater than the real shortening, the diseased leg is abducted. If less than real shortening it is adducted.

Lovett gives the following example: Length from anterior superior spine of right leg, twenty-three; left leg twenty-two and one-half; length from umbilicus of right leg, twenty-five; left leg, twenty-three; the distance between the former representing real shortening is one-half inch; and the latter, or apparent shortening, is two inches, and the difference between the real and apparent is one and one-half inches; the pelvic measurement from spine to spine is seven inches. By referring to the table the line from one and one-half inch and from seven will intersect at twelve, which shows that there are twelve degrees of adduction of the left leg.

Judson, in his recent paper on "Methods of Measuring Deformity of Hip Disease," furnished us with very satisfactory methods for measuring abduction, adduction and flexion, and uses as a basis for his deductions the diagrams of Mr. Howard Marsh.

KINGSLEY'S TABLE.

IN.	DEG.	IN.	DEG.	IN.	DEG.	IN.	DEG.
0.5	1	6.5	16	12.5	31	18.5	50
1.	2	7.	17	13.	33	19.	52
1.5	3	7.5	19	13.5	34	19.5	54
2.	4	8.	20	14.	36	20.	56
2.5	6	8.5	21	14.5	37	20.5	58
3.	7	9.	22	15.	39	21.	60
3.5	9	9.5	24	15.5	40	21.5	63
4.	10	10.	25	16.	42	22.	67
4.5	11	10.5	27	16.5	43	22.5	70
5.	12	11.	28	17.	45	23.	75
5.5	14	11.5	29	17.5	47	23.5	80
6.	15	12.	30	18.	48	24.	90

Flexion is measured by placing the patient on his back on a table, and elevating the diseased leg to a point where the lumbar spine rests upon the table. The goniometer is how held with the axis of the arms over the axis of the hip joint. One arm is held horizontal while the other one is made to coincide with a line drawn from the greater trochanter to the center of the knee joint, and the degree of flexion will be shown by the indicator on the goniometer.

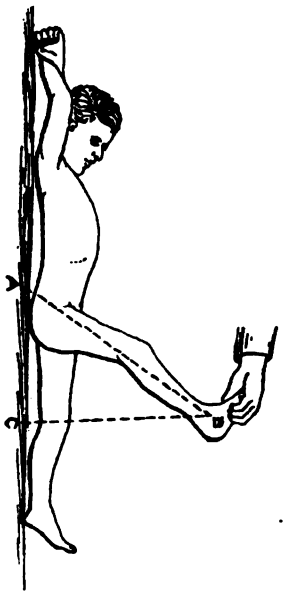


FIG. 5. Estimating Flexion.

Flexion is also estimated by the following method, as laid down by Kingsley:

The patient lies down upon a table flat on his back, and the surgeon flexes the diseased leg, raising it by the foot until the lumbar vertebræ touch the table, showing that the pelvis is in the correct position. With the leg in this position, a tape measure is held along the outside of the leg, from the point where this line would touch the table. Two feet from the table is measured off, and marked on the leg, and from this point the distance is measured to the table perpendicularly (Fig. 5). The length of this perpendicular line is recorded. The Kingsley table shows the degree of flexion opposite the figures in inches.

The accompanying illustration also shows the method of estimating flexion:

Examination.—In making an examination the patient should be stripped and an inspection made while he is standing and walking, and his attitude studied. The patient should be asked to pick an object from the floor, when, if hip disease is present, the spine and knee will be flexed, but the hip will remain rigid. Lay the patient down on a table and freely move the well leg, following this by gentle manipulation of the suspected extremity. Never use an anesthetic in making a diagnosis, for severe manipulation of a tubercular joint does great damage, and, to my notion, is as heroic as an exploratory incision in suspected abdominal disease, and does far more damage. The so-called "grating" is seldom found. Thomas' test is quite diagnostic. It consists in placing the patient on his back, and flexing the well leg sufficiently to allow the forearm on the same side to pass under the knee (Fig. 6.) If the suspected leg can be completely extended so as to touch the table at the knee joint, hip joint disease can be excluded. When hip joint disease is present, the knee will stand up in a flexed position some distance from the table, or when the knees are forced down on the table the spine will be elevated, or in a condition of lordosis (Fig. 7). In moving about, in a sitting or reclining position, the patient carries the diseased member upon the well one, and when lying still, natural traction is practiced by the patient

FIG. 6. Thomas' Test.

pressing the toes of the well foot upon the dorsum of the other.

Pathology.—The changes which occur in hip disease do not differ from those found elsewhere, except that due to the difference in the shape of the joint. The primary focus is usually in the head of the femur, but it may be in the neck or trochanter, or any part of the pelvis. It rarely begins as a synovitis, and when the joint does become involved it is because the primary focus has extended into the joint. Figure nine shows the usual location of the primary focus.

FIG. 7. Lordosis of Hip Disease.

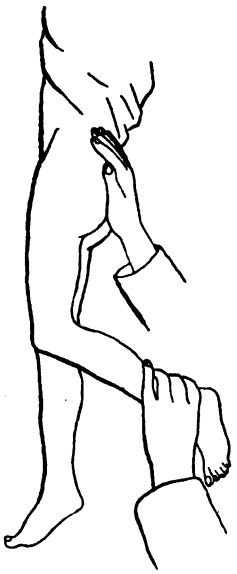


FIG. 8. Test for Psoas Contraction.

Figure ten shows a hip joint in advanced stage of destruction, which was excised by the author. The shaft of the femur, as may be seen, was denuded, and required the removal of a second piece. Figure eleven shows the same case some weeks after the operation. The brace shown is so constructed as to prevent shortening while the process of repair is going on. As the periosteum was preserved as much as possible during the operation, there was sufficient reproduction of bone to sustain the weight of the body. It is not uncommon to have repairs take place to a surprising degree when care is taken to preserve the periosteum, as is illustrated by the following case.

Case 1.—Boy aged nine, had been suffering with hip disease for two years. Surgeon incised a large abscess over the outer aspect of the thigh, thinking he would find disease of the shaft of this bone, but it was not found. He opened the abscess again, but did not find the diseased bone. The sinus following the second operation did not close; an abscess formed back of the trochanter several months later, and it was incised. This also remained open, until the writer saw the case. A probe could be passed for several inches along both these sinuses, toward the apex of the trochanter, but dead bone could not be located. It was decided to excise, and

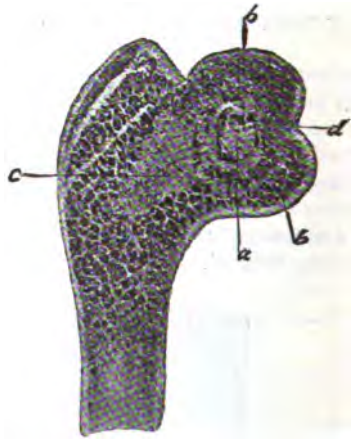


FIG. 9. Tubercular Foci (after Krause).

the fibres of the glutei muscles separated, and the joint capsule entered; the head of the bone showed evidences of

old tuberculosis, and superior portion was somewhat eroded, and this was curetted. The pelvis was the principal

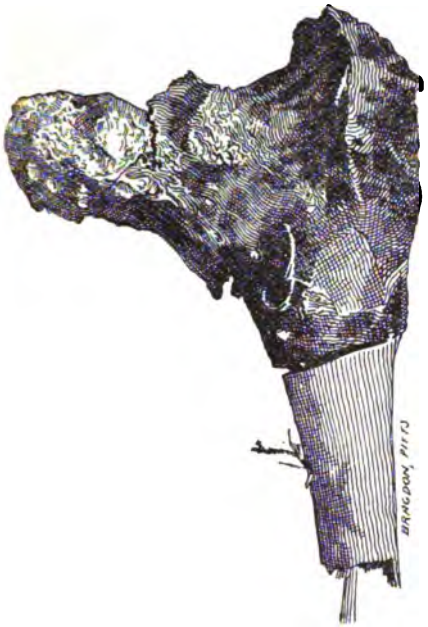


FIG. 10. Bone Removed from Case Fig. 11.

area of disease. The rim of the acetabulum was denuded, and the ilium was bare for an inch from the rim forward, upward and backward, but the bone had not exfoliated, neither was it rough at any point, but it was as firm as bone could be, but completely stripped. As we have seen areas of shafts of bones and skull stripped of its periosteum recover, it was decided to moderately curette the exposed surface, and remove new bone as it appeared as a scale at several points, and give the periosteum an opportunity to readhere. Old sinuses were curetted and packed, but the cavity between the periosteum and ilium was not packed, but was permitted to cling to the bone. In two months the sinuses were all closed, and the wound was entirely well.

Diagnosis.—A diagnosis may be made from a summary of the foregoing symptoms which may be tabulated as follows: (1) Muscular fixation, (2) Lameness, (3) Attitude and shortening, (4) Atrophy, (5) Pain, (6) Swelling.

Differential Diagnosis must be made from lumbar Pott's disease, in which there will be found rigidity of the spine; infantile spinal paralysis, and spastic paralysis, in which conditions the history of the case must be considered; sacro-iliac disease, disease of the knee, hysterical affections, rheumatism, coxa vera and congenital dislocation of the hip.

Abdominal abscess and diseases which press upon the psoas and iliacus muscles also cause limited motion of the joint and may confuse one. Pott's abscess, as it gravitates to the region of the joint along the psoas muscle, causes flexion, adduction and limited motion of the hip joint, but not rigidity, and a mistake in diagnosis is easily made. Spastic paralysis produces rigidity of the hip, but not absolute stiffness, and continuous pressure will change the relationship of the thigh to the pelvis in a few minutes, a thing not possible in hip joint disease. The joint in congenital

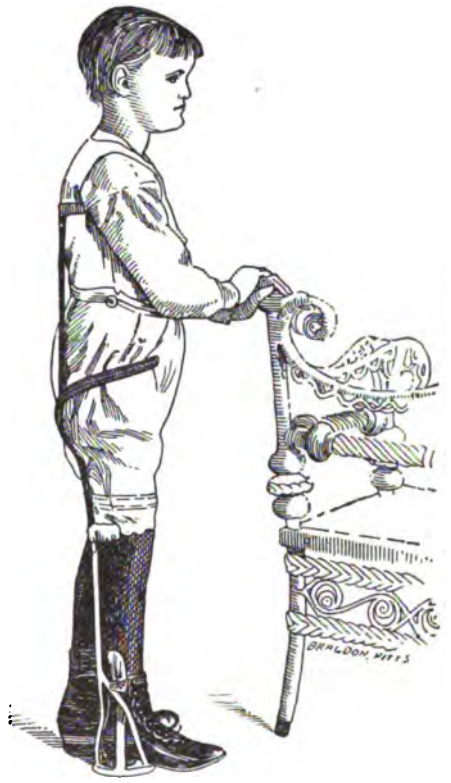


FIG. 11. Showing Retaining Apparatus for Hip Excision.

dislocation is flail-like rather than rigid. Possibly hip joint disease is most frequently taken for knee disease, on ac-

count of the fact that pain in hip disease is referred to this joint.

In tubercular disease of the pelvis, or when the disease is primarily of the acetabulum instead of the head of the femur, a very important differential point is found in the location of the thickening of the soft tissue. If the thickening is on a line with the acetabulum, and in a measure destroying the outline of this bone, the primary focus will generally be found in the femur; when the thickening is above and around the rim of the acetabulum, pelvic disease will generally be found.

Two cases of hip disease have been examined recently, which present points of unusual interest.

Case 2.—Aged over twenty, has been disabled for about twenty-eight months. At the time of first examination, there was an abscess on the outside of the thigh to almost the diameter of the thigh, but it was running a harmless course. The general health was good. There was no deformity, as adduction, abduction, flexion or shortening. There was no rigidity, the thigh being freely movable in every direction. There was no tilting of the pelvis. The movements of the thigh were to a right angle. A peculiar feature of the case was that while lying down, the thigh, when flexed to a perpendicular, could not be extended until the patient would rise, or the thigh apparently locked at a right angle, and could not be unlocked while the patient was in recumbency. The disease is doubtless pelvic, or at least not in the joint.

Case 3.—Aged about eighteen, had been suffering with pain on back part and outside of thigh, outside of knee and ankle for about eighteen months. There was no deformity except a slight limp. The joint was freely movable except when the glutei muscles were put on tension. The capsule appeared healthy. There was no tenderness except above and back of the greater trochanter. Diagnosis of tubercular disease of the ilium back of the acetabulum was made.

Prognosis.—Hip joint disease is self-limited, and spontaneous recovery with bone deformity is generally the result. The earlier the patient is put upon treatment the more rapid the course is run and the less the deformity, and vice versa. After recovery the patient enjoys excellent health throughout life, with only the hindrance caused by the resultant permanent deformity.

Cases are under treatment from one to four, and in rare instances, six years, and without treatment or poor treatment from three to ten years.

Mortality.—The death rate in non-suppurating cases, in which proper treatment is instituted early, is about two per cent; in suppurating cases, with proper treatment, about five per cent, and in neglected cases with suppuration about thirty-four per cent.

Cause of Death.—Death may be caused by secondary foci in the lungs, meninges, and other parts of the body, from amyloid degeneration of the viscera, from exhaustion, from suppuration and mixed infection, and from intercurrent disease. The cause of death in suppurating hip disease in the Alexandrian Hospital is given as follows:

Albuminuria and dropsy, 20.8 per cent; meningitis, 16.7 per cent; exhaustion, 9.4 per cent; after operation, 9.4 per cent; intercurrent disease, 7.3 per cent; phthisis, 4.2 per cent; phthisis and albuminuria, 3.1 per cent; erysipelas and pyemia, 3.1 per cent; unknown, 25 per cent.

Results in Hip Disease.—Lorenz advises the encouragement of ankylosis of the hip in a good condition, by fixation with a plaster of paris spica, stating that it is as good as can be expected. He discards as useless the traction braces used in this country, and Albert and Billroth agree with him. Sayre says that this clearly shows that they do not understand the employment of these various forms of apparatus. Burnes considers 600 cases. He says the death rate is forty per cent and that perfect recovery never occurs. As a contrast to this, one of the pioneer orthopedic surgeons of this country, Lewis A. Sayre, reports four hundred and seven cases of hip joint disease treated between 1859 and 1889, not including the cases which required excision; one hundred and eighteen were in the first stage, one hundred and ninteen in the second stage, eighty-two in the third stage, and

in eighty-eight the stages were not given. The results in these cases were as follows: Three hundred and one were cured, in which seventy-one recovered with perfect motion, one hundred and forty-two with good motion, eighty-three with limited motion, five with ankylosis; the rest of these cases having left, been discharged, were under treatment, abandoned treatment, or the results were unknown. Nine deaths occurred, as follows: From exhaustion two, tubercular meningitis five, phthisis one, pneumonia one. In none of these cases was immobilization used, but instead the long Sayre was used in eighty-eight cases and the short Sayre in one hundred and ninty-two cases of those in which the results were known.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Origin and Progress of Medicine in Persia.

BY SHIMOON K. GEWERGEZ, M. D.,
Oroomía, Persia.

The origin of medicine dates back almost forty or fifty years, and was introduced by some medical missionary men of the United States and England. When these men first came to Persia they were preachers of the gospel. They traveled, doing both medical and gospel work. The results were very poor, owing to the belief that should a doctor give any one medicines it was sure death. The reason for this was that they thought as God created all men, and gave them life, He only knew when they would die; then how could a doctor save any of them, or tell whether they would live or die? It was a hard matter to teach them that even a small pill would do such good work as to cure their ills.

There were another class who were really afraid to see a doctor anywhere, because they thought he was possessed of an evil spirit, and had the power of shortening life by even seeing him.

There were another class of people who had faith, because they believed the doctor had power from God, and that he spoke to them in some unknown way, and he had power to cure diseases of any kind.

A great many years passed before they began teaching medicine, and the principal idea in teaching medicine was to spread their gospel work. This was a hard job, as they were slow to learn. They were not taught from books, but simply what they could learn by traveling with a missionary doctor. After spending several years this way they went to practicing medicine, and you may know with what success.

The methods of practice of some of these self-made doctors may prove interesting.

Some time since my neighbor was in childbirth. I was told the child's head was large, and it was an abnormal labor. After waiting several hours they thought it best to take the patient by the feet, and hold her head down and shake her for ten minutes, when they believed the labor would become normal. They did this, but the woman died before they put her back in bed. This happened before I returned from the United States.

A short time ago a young man had enlarged tonsils. A woman doctor told the child's mother to give a few doses of fresh urine, and he would be well. In addition, make a poultice of cow manure and place around his neck, and he would soon be well. The mother of the young man did as requested for twelve hours, without any benefit. Finally she came to me, and I cured the case, as I had learned to do it in Rush Medical College, Chicago.

Another case, of earache, and the treatment given by these doctors was to use fresh urine.

Will write again soon.

Ligatures and Sutures.

In applying ligatures, if the object is to occlude a vessel and prevent hemorrhage, or to strangulate tissues, as in some operations for piles, they should be tightly applied. Whenever they are used for sutures, however, all that we want is approximation, and any degree of force which constricts or strangulates the tissues is harmful and misapplied.—*Internat. Jour. Surgery.*

[Written for the MEDICAL BRIEF.]

Report upon Ecthol, and a Few of the Diseases in Which it is Indicated.

BY C. W. CANAN, M. D., B. S.,
Orkney Springs, Va.

Several years ago our attention was called to Echinacea Angustifolia as a medicinal agent in diseases of the glandular system. From time to time the drug was used by us with good results, but the trouble was to get a reliable preparation; this was overcome to a certain degree by Mr. Carr, who was a friend and an excellent pharmacist. He prepared an alcoholic fluid extract from the fresh drug that gave fair uniform results. Later our attention was directed by the medical journals to a new product made by Battle & Co. of St. Louis, which they called Ecthol. This drug combines the medicinal virtues of the drug above referred to, and Thuja. It at once occurred to us that this would prove to be a very useful addition to our *materia medica*. The product is a stable one, and is of uniform strength. The addition of Thuja to the Echinacea was a happy hit—the oil of Thuja has been demonstrated by Prof. Carr to contain marked antiseptic properties. Applied alone to old indolent ulcers and gangrenous conditions they are made aseptic and sufficiently stimulated to cause them to heal. Besides this property it is actively diuretic, tonic and expectorant. Since the introduction of Ecthol we have prescribed it in all conditions where disintegration of tissue was threatened. It is especially indicated to prevent tissue retrograde metamorphosis. It has also proved valuable as a local application in all pustular eruptions, stings of insects, bites of reptiles, chloasma, pimples and fresh cuts and sores. We have prescribed it with most gratifying success in cases of blood poisoning and tissue disintegration.

Alfred M., aged sixteen years, good family history, contracted typhoid fever; had a very severe case, and during the seventh week became almost covered with a dark purple eruption except face, hands and feet. Vitality very low, bowels terribly constipated, and only moved by persistent enemas. In quite a short time this eruption formed large ulcers in many places about the body and limbs. Consultation was called, but my consultant had never seen a case like it, and was unable to suggest anything more than was then being done, which consisted of dressing all ulcers with dilute Listerine, and giving the patient all the nourishment he would take, with stimulants. It then occurred to me that this would be an excellent test for Ecthol. I ordered one-drachm doses, four times per day, added to his stimulant, and used it to sponge all the sores with twice daily. In forty-eight hours there was decided improvement, and he made a good recovery. This was a very peculiar case, and no one that saw the young man thought that he would ever recover. To my mind his condition was due to a profound poisoning of the blood, or toxemia, and my prescribing Ecthol both internally and externally was the means of saving his life.

Ray M., a little fellow six years old, very bright and robust, began three years ago with pain in left shoulder, not severe, but enough to keep him from using the joint; some swelling and redness was noticed. The family thought he had hurt it, and paid but little attention, but later noticed that it was badly swollen. A physician was called who pronounced it "out of place." Advice was given to take it to a brother physician to have it reduced. In due time this was done and both physicians were present, but could not reduce it; then they advised the parents to take it to a surgeon to have him reduce it. Both physicians were in attendance; the surgeon at once told them that there was no dislocation, and proved it to them by drawing a quantity of pus from the cavity. He advised them to take the child home, lay open the pus cavity well, and place the child upon powerful alterative tonics. The shoulder was punctured from time to time with an aspirating needle and a small amount of pus drained out; what he was given internally we can not say, but the case went on from bad to worse, and finally the trouble opened on back, hips and many other places. The little fellow was so brave, but went down gradually

until he looked like some old man; he was drawn forward, had but little use of left arm, and but little more of the left leg. This was the condition in which I found him. I told the family that I could promise nothing, but would do all I could for the little fellow. He was placed upon one-half teaspoonful Ecthol four times daily; the cavities were laid open freely and dressed with absorbent cotton, saturated with the same remedy. He was placed upon the sulphur water, and given a nutritious diet, and as varied as possible. I saw at the end of the first week that improvement was being made. This treatment was continued for six months with some slight changes and an intermission of a week or two now and then. The old breaks have all healed, and there is no sign of any more trouble. It is true that he will be a cripple all his life, and a number of ugly scars can be seen around his neck, yet the parents are proud that his life has been spared.

Miss Jennie S., aged twenty-three years, nervous temperament, but good family history, contracted a severe case of proctitis last September; her physician was called, and for two months treated the case, but without improvement. During this time all the powerful astringents, even nitrate of silver, were prescribed in large doses, which only increased the constipation. About three months from the beginning of this case this lady came to me for treatment. She was having large mucous stools, with now and then a hard fecal lump; there was great uneasiness about the lower bowel. In a few days the actions had changed to a muco-purulent pus, with a terrible odor. The patient had lost some twenty-five pounds, and was very weak, and had a bad color. I placed her upon Ecthol, one drachm every three hours in plenty of water, and directed an enema for the lower bowel of one part of Ecthol to six parts of water injected twice daily, to be retained as long as possible. This lady was in such a bad condition that I feared that nothing I might prescribe would help her, but by the third day she said the odor of stools had changed and the distress of lower bowel was not quite so annoying. Improvement was slow, but it was noticeable from week to week, and by the last of March (last) she was discharged cured.

In last February I was called to see Mrs. S., who was suffering from pneumonia as a complication of measles. This lady was forty-two years old, had been a sufferer for years from weak lungs. The pneumonia was a very severe and prolonged case, and left this lady in a very weak, dangerous condition; when she was beginning to convalesce another complication arose—that of gangrene of the mouth. Her mouth was in a terrible state. The flesh of the cheeks became boggy, and large dark sloughs took place that nearly came through the cheek. We prescribed washes of permanganate of potassium, boracic acid and other standard remedies, but there was no benefit, I then placed her upon the following: had the mouth washed with equal parts of Ecthol and water every three hours, and after each washing she took a dessertspoonful of the drug in plenty of water. Under this treatment improvement began on the third day, and after a tedious illness she made a good recovery.

Mr. G. F., from Texas, came to this place suffering from a recurrent crop of boils; some of them were equal to carbuncles in size and painfulness. He was about sixty years of age; he had not slept or scarcely ate for ten days. I at once laid open those most painful, dressed them with Ecthol, and gave him internally two drachms four times per day, after eating and on retiring. In forty-eight hours he expressed himself as feeling better and ate with a little relish. Improvement was uninterrupted. We have used it upon a number of cases of wounds, stings of insects, etc., with results most gratifying. We have prescribed it in frost bites as an external application, and it gave good results.

To Disguise the Taste of Castor Oil.

Dr. W. F. Beck, of Vermilion, Ohio, writes that the taste of castor oil may be disguised by adding an equal part of catsup. Cod liver oil may be given in the same way. What brand of catsup he uses he does not say.

[Written for the MEDICAL BRIEF.]

The Lymphatics of the Peritoneum—The Anatomy and Physiology.

BY BYRON ROBINSON, B. S., M. D.,
Professor in Chicago Post-Graduate School of Gynecology and Abdominal Surgery; Professor of Gynecology and Abdominal Surgery in The Harvey and The Illinois Medical Colleges; Gynecologist to Woman's Hospital, and Consulting Surgeon to Mary Thompson Hospital, Chicago, Ill.

This essay is dedicated to Dr. Daniel Von Recklinghausen in recognition of his labors in the peritoneum.

The peritoneum is a lymph sac. It has an area equal to that of the skin. The peritoneum is an expanded periphery of the lymphatic system. A significant feature of its walls is an abundance of lymph structures. It borders on regions of vast anatomic and physiologic importance in the maintainance of life.

The physiology of the peritoneum demonstrates its utility in the animal economy. In determining the function of any organ, the first essential is to understand its minute anatomy. The second essential is to observe by experiment its natural action.

No. 1 (Robinson-Scholer). This sketch was drawn from the silver stained, slightly brushed peritoneum of the bull head (Aminuris Nebulosis). It illustrates well the highly lymphatic peritoneum of the fish. *1*, a large lymph space; *2*, *2*, *2*, cut ends of lymph channels, showing their lumen; *3*, *3*, ground space with endothelia brushed off; *4*, *4*, shows sinuous endothelia of the lymph channel; *5*, *5*, peritoneal endothelia. Note the difference in shape between the peritoneal endothelia and the lymph channel endothelia with sinuous outline.

The study of the minute anatomy of the peritoneum discloses the fact that it is not a homogenous structure, but composed of a varied, definitely constituted apparatus. These different structures are:

(*a*) Stomata vera, organized canals, mouths, consisting of apertures at the common junction of several endothelial plates surrounded by granular, polyhedral, protoplasmic, nucleated cells.

(*b*) Stomata spuria, or apertures which exist in the interendothelial space through which connective tissue corpuscles may project, or leucocytes may wander.

(*c*) The interendothelial space consisting, when stained with Ag. NO_3, of two dark parallel lines whose intervening space is crossed by dark, anastomosing, protoplasmic processes which bind the cells into colonies.

(*d*) Nucleated endothelial cells so joined by their edges as to produce continuous membrane, interrupted only by stomata or interendothelial apertures.

(*e*) Blood vessels.

(*f*) Nerves.

(*g*) Lymph nodes, lymph vessels and interstitial spaces.

(*h*) Various kinds of cells.

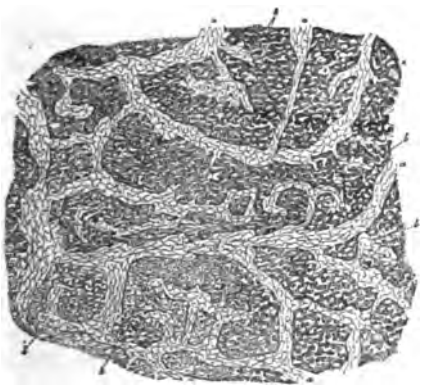
The predomination of any one of the above essential elements must decide as to its nature or the class of tissue to which it belongs. The chief and prevailing lymph elements in the peritoneum determine that it belongs to the lymphatic system. The peritoneum is a lymph sac originally and ultimately, though its final form appears quite different from its original. It is so intimately related and connected to many other organs that it makes its study more complex. However, it must still be studied from its original lymphatic nature. It was originally in development a lymph space, and it is ultimately in function and structure a lymph sac.

The interstitial space known as the peritoneal cavity originated by vagination, interstitial fluid pressure, and independent motion of viscera and body wall.

The coalescence and disappearance of its partitions, with consequent enlarge-

ment of its size, was an evolutionary process. With the growing of mobile viscera and independent action of the body-wall, the peritoneum not only assumed greater dimensions, but a capacity to facilitate visceral movement. The lymphatic system is a secondary vascular system, and only belongs to the vertebrates. It is super-added for the purpose of nourishing tissue in a fluid medium, *i. e.*, to float to cells requisite food, and to float away effete material. Lymphatics are numerous only when blood vessels are numerous.

In this essay I shall not consider the lymphatics of the tractus-intestinalis or the lacteals belonging to the peritoneum. They simply run between its mesenterial blades, but are not of it. Having made extensive microscopic study of the lymphatics of the peritoneum of man, as well as of the rabbit, dog and several other animals during the past five years, I wish to present here some views in regard to the lymph spaces or interstitial spaces.



No. 2 (Recklinghausen), central tendon of the diaphragm of rabbit, Ag. NO_3 applied and viewed from the thoracic side *a*, *a*, lymphatic capillaries with contours of the endothelial cells *b*, beginning appearance of cells in dark ground; *c*, connective tissue with serous canals in the dark ground substance; *d*, flask-shaped dilatations due to valves. The light colored channels on lymphatic canals.

The lymphatic system of the peritoneum consists of:

(*a*) Interstitial (lymph) spaces.

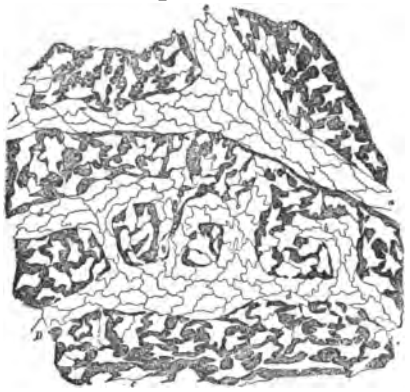
(*b*) Non-valved capillaries.

(*c*) Valved lymphatic channels.

The internal lining membrane of the peritoneum consists of flat-faced endothelial cells, so arranged edge to edge that they form a continuous membrane interrupted only by the *stomata vera et spuria*—lymphatic mouths.

We shall first consider the interstitial spaces of the peritoneum. Those spaces have been called lymph spaces, lymph sinuses or peri-vascular spaces. The reason that investigators have placed so little importance on the sub-peritoneal interstitial spaces is because they have studied it chiefly from the human. To be impressed with interstitial spaces of the peritoneum one has only to study the amphibian, especially the turtle. In the turtle with Ag. NO_3, and a delicate brush to gently remove the peritoneal endothelia, we can see with ease the vast interstitial spaces and the wide perivascular spaces in the subperitoneal tissue. The endothelial or lymph sacs gradually lessen in size or prominence, but not in number, as we progress along the ascending scale of vertebrate life. We shall place especial stress on the interstitial spaces in the subperitoneal tissue on account of its vastness, on account of the significant role it must play in the absorption of peritoneal fluid, on account of the importance of its function in nourishment, and on the account of its difference in anatomical limitation. We think the interstitial spaces of the peritoneum sufficiently and significantly differentiated to be given a separate consideration. We have, to a certain extent, returned to the old views of the physiologists who found from experiments that the whole connective tissue is a net-work of channels. They announced that the interstices were directly or indirectly connected with the lymph capillaries and valved lymph trunks. These old experimenters considered the lymphatic system pre-eminently a circulatory system of the connective tissue. This lymphatic system is found in all connective tissue. Revived experiments are again leading us to similar conclusions. The old physiologists claimed that the lymphatic system in the serous membranes (peritoneum) was a great absorbent system. I believe, from my experiments and microscopical labors on the sub-peritoneal tissue, extending over several years, that the old physiologist is correct. The complicated connection of the lymphatic system of the peritoneum

with the blood vascular system is so intimate that one cannot be lost sight of in considering the other.



No. 8 (Recklinghausen), central tendon of rabbit's diaphragm viewed from the peritoneal side silvered; *a*, lymphatic capillaries with endothelia outlined; *b*, commencement sinuously of the capillaries in the dark ground substance. The white irregular channels with sinuously marked endothelia are lymph channels.

The discussion of the various modes of origin of the lymphatics has been extensive. We may say briefly that three general modes of origin are acknowledged:

(*a*) The lymphatics arise by stomata which maintain an open and direct communication between the peritoneum (interstitial spaces) and the lymphatic vessel (interstitial space). The stomata are organized channels or apertures situated at the common junction of several endothelial plates, and are lined by granular, polyhedral, nucleated cells, which stain deeply on application of Ag. NO_3. The stomata allow the lymph fluids to pass and repass from the peritoneal cavity to the lymph vessels. The peritoneum may be considered as a large lymph lacuna. Owing to the stomata maintaining a direct, open communication between the large lymph lacuna (the peritoneum), lymph is not allowed to accumulate, as muscular attraction and bodily motion, as well as intra-abdominal pressure, induce the lymph to flow through the stomata into the lymph vessels.

(*b*) The lymphatics arise by lacunæ or interstitial spaces. The origin of the lymphatics by the methods of interstitial spaces is typically represented in the subperitoneal tissue. This mode is best observed in the amphibia, especially in the frog and turtle. In thin, flat membranes, as the peritoneum or diaphragm (*centrum tendineum*) the lymphatic vessels form a network situated generally in one plane, but they may be located in several planes and united by vertical vessels or channels, as in the *centrum tendineum* of mammals. The interstitial spaces or lymphatics of origin are very various in shape, size and distribution, and depend more on the quantity of fluid contained than on anatomic limitations. Lymph is collected in the interstitial spaces from the subperitoneal tissue and conveyed to valved lymph channels. The lacunæ mode of origin of lymphatics was described by Ludwig and Tomsa. The interstitial spaces penetrate the interstices of the extensive subperitoneal tissue. They are clefts, gaps or slits located between the cells and elementary tissue and lined by endothelial cells.

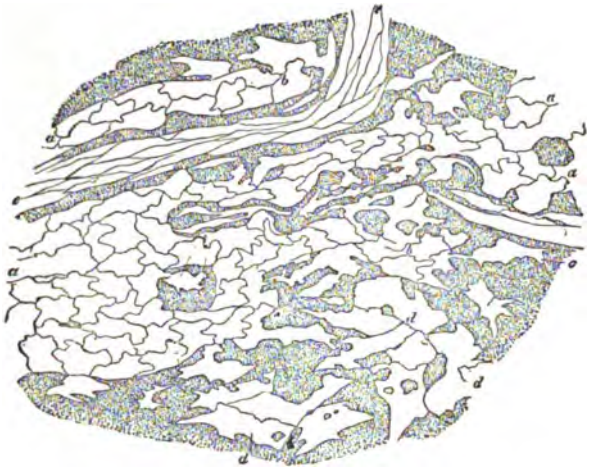
(*c*) Another mode of origin of lymphatics is termed the plexiform. This differs so little from that termed interstitial that we will not consume space in describing it.

Later labors have made general the view that the peritoneum is an important part of the lymphatic system. It is, in fact, a membranous expansion of a portion of the lymphatic system. Before me lies Virchow's Cellular Pathology, second edition, 1858, in which he originated the view that the starting point of the lymphatics is from hollow anastomosing cells, and then noted that such a view must be regarded as a new acquisition to our knowledge. However, Von Recklinhausen showed, by the aid of Ag. NO_3, that the interstitial spaces were lined by endothelial cells. He observed the passage of milk and fine granules through the openings in the central tendon of the diaphragm from the peritoneal to the pleural surface. He also announced the discovery of a system of canaliculi in the connective tissue, which he termed "saftkanalchen," or juice canals. Later he announced the theory that the connective tissue is traversed by serous canaliculi, or plasmatic channels, which are directly continuous with the lymphatic vessels.

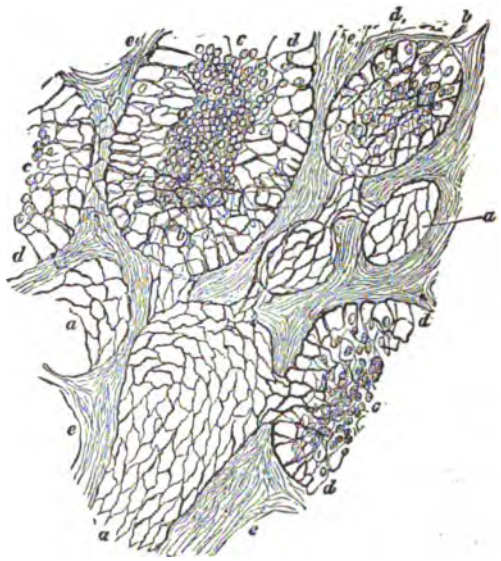
The innumerable shapes and sizes of interstitial spaces may be imagined by a

consideration of the various kinds of tissue, as muscle tendon and fat cells. Some interstitial spaces are so large that an endothelial lining can be demonstrated and the spaces communicate directly with each other. The loose, spongy, subperitoneal tissue represents the most typical interstitial spaces, as can be proven by examining it in the naturally contracted state, and again in a state of edema due to absorption of peritoneal fluids. This I did often, and was astonished to find how wide apart the elements could be forced by the fluid. The forcing apart of the cellular elements in the subperitoneal tissue by the absorption of fluids from the peritoneal cavity only demonstrated the function and capacity of the interstitial spaces. I have noted this fact many times in edematous tissue. In these same specimens the direct connection of the lymphatic channels with the serous canals of the connective tissue was also evident.

In the subperitoneal tissue innumerable serous canals lie buried. The lymphatics and lymph, or interstitial spaces, have been treated generally as if they were one and the same system. The lymph spaces have been considered the roots of the lymphatics, but we must insist on the interstitial spaces being endowed with a vastly wider office than merely the roots of the lymph channels. In the interstitial spaces assimilation, growth, reproduction and decay of cells occur. The interstitial (lymph) spaces in the subperitoneal tissue are of various shapes and sizes. They are gaps or clefts, of the same nature as the peritoneum itself, situated between tissue elements. The peritoneal tissue is very loose in the dorsal region, and hence the interstitial spaces are relatively



No. 4 (Recklinghausen). Centrium tendineum of rabbit silvered. The serous layer next to the pericardium is shown; *a*, lymph channels; *b*, their origin; *c*, serous canal; *d*, lymph vessels with sinuous endothelia. The characteristic of the lymph endothelia is sinuosity.



No. 5 (Recklinghausen). Section from the medullary substance of the mesenteric gland of a dog, after injection with silver; *a*, outlets of the vas deferens with endothelia lining in the interior of endothelium; *b*, dilatation of channels lined by endothelium and containing some gland substance with a follicular cord; *c*, fibrous intervening substance which at *e*, forms trabeculæ.

large. When the tissue is dense the interstitial spaces are relatively small.

The development of lymphatics is the same as the development of blood vessels. Thoma and Klein have done excellent labors in this field. In the rabbit one can observe the formation of the lymph vessels and spaces quite progressively. The vacuole is formed in a cell of connective tissue and gradually enlarges until it becomes a considerable cavity filled with fluid. The wall of the cavity is composed of the protoplasm of the cell thinned out so as to produce a cyst or vesicle. Doubtless it is this condition which induced Prof. Thoma to assert that the vascular surface of the endothelia is a secretory surface. After the connective tissue cell has expanded into a vesicle holding lymph, the internal portion of the protoplasm of the cell bulges inward and breaks off and becomes a lymph corpuscle, or, more likely, lymph corpuscles wander in through the wall of the expanded vesicle. Very beautiful pictures may be observed in the omentum of the rabbit, the rat, and other mammals, in regard to the developing lymphatics in the omentum. The vacuolation may be noted in all stages of expansion in the various portions of the peritoneum, but especially in the omentum. The nucleus of the cells multiply and the protoplasmic portion of the cell expands into an endothelial cell-plate, which responds to silver reaction. In the case of lymphatic spaces or vessels the border of the endothelial cell becomes sinuous in outline. The lymphatic vessels and spaces are formed by the vesicles becoming connected to each other by processes into which their cavities extend in the contained fluid. In the breeding season (and even at other times) I have noted the frog and turtle endothelial cells prominently marked by cilia. The best portion of the peritoneum to secure the ciliated cells is in the mesentery of the ova sac.

To illustrate the unsettled views in regard to the relation of the blood vessels and interstitial spaces, Prof. Heidenhain, a leader in thought and investigation, says in one article, it is inconceivable that under normal circumstances a part of the lymph should be returned directly to the blood, while in another article he notes that it is his conviction that the blood vessels are the essential paths of absorption of fluid from the peritoneal cavity. Hence, we may sum up by saying that the subperitoneal tissue is permeated by a system of interstitial spaces which contain fluid that bathes the tissue. The interstitial spaces in structure and function are such distinct and prominent features that they should be considered separate, if not independent. At least they should have full consideration as a characteristic apparatus of the subperitoneal tissue. The interstitial spaces receive fluid from the blood vessels and are depleted chiefly by the lymph vascular system, but also by the secretory glands. Doubtless, some of the tissue fluid in the interstitial spaces of the subperitoneal tissue is returned directly to the blood vessels.

We have noted elsewhere that the fluid in the interstitial spaces of the subperitoneal tissue is controlled by the factors (*a*) stomata, (*b*) imbibition, (*c*) osmosis, (*d*) filtration (mechanical pressure) and (*e*) vital processes. It may be assumed that the blood pressure is higher than the tissue fluid in the interstitial spaces and that the pressure in the interstitial spaces is higher than it is in the lymph channels. This assumption would explain, to a certain extent, the constant movement of the tissue fluid and lymph.

The relation of the lymphatics of origin to the cells and cell-spaces in the subperitoneal tissue is best studied by silver staining and gold staining, and producing edema in the tissue by peritoneal tissue, lie in spaces in the ground substance. The cells partially or almost wholly fill the spaces. The cells and cell-spaces form a fine intercommunicating network. The spaces, containing one or more cells, are vacuoles in the ground substance of the subperitoneal tissue. The spaces in the ground substance present a close relation to the lymph vessels, as both vessels and spaces are lined by flattened endothelial cells joined by an interendothelial space. The wall of the space, *i. e.*, the single layer of endothelial cells, is so thin that it doubtless offers little resistance to the passage of fluids or corpuscles.

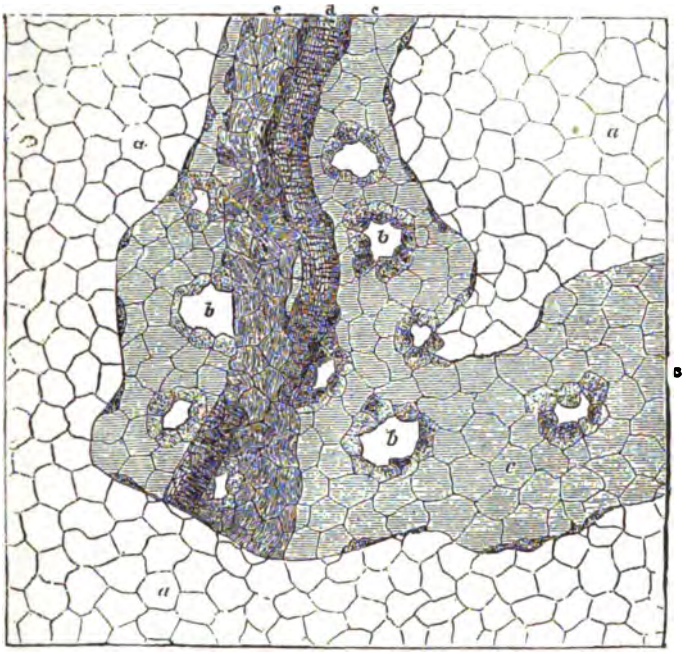
It appears to the author that cell-spaces of the subperitoneal tissue, especially that in the diaphragm, where it is typically to be observed, are entirely empty except fluid. It may be that this is a delusion caused by the cell in the cell-space becoming closely applied to the wall of the ground substance. Staining reagents (Ag. and Au.) make the subperitoneal tissue present wide spaces, and spaces closed, or at least only represented by a line or slit. In a state of edema the spaces of the subperitoneal tissue become more or less distended, when the spaces distended by fluid may appear larger than the intervening cells.

In the subperitoneal tissue, when the juice canals, lymphatic canaliculi, which correspond to the cell spaces, are almost completely filled by protoplasmic cells, the lymph fluid may find its way by circulating between the clefts of the cells and the ground substance which surround them. With less completely filled cell-spaces, of course more free lymph and corpuscular circulation occurs It appears from the author's experiments that the whole of the subperitoneal tissue, but especially the dorsal, is permeable by fluids.

The variable quality of fluid in the interstitial tissue contains the nutrient as well as the waste products of the adjacent cells. After large injections into the peritoneal cavity, with plenty of time for the subperitoneal tissue to absorb, it is manifest what enormous quantities of fluid the loose, subperitoneal tissue will accommodate.

A curious feature about the subperitoneal interstitial spaces is that they do not seem to possess a distinct anatomical limitation, but have the capacity to accommodate large quantities of fluid by appropriating the wall of other spaces to a considerable extent. The large subperitoneal interstitial spaces can only be realized by actual experiment to test the quantity of fluid they will really accommodate

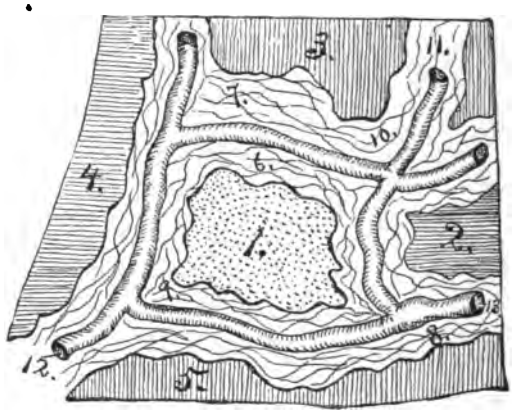
It is due to the direct connection of the subperitoneal interstitial spaces and their wonderful elasticity that large quantities of fluid can be repeatedly received and passed on to adjacent spaces by muscular action and other forms of



No. 6 (After Hand-book of Phys. Lab., Vol. II, 1878). Silver preparation from centrum tendineum of rabbit. *c*. a wide lymph vessel which can be seen through the surface endothelium; *a*, an artery (*d*) and a nerve trunk (*e*) pass through the lymph vessel (peri vascular lymph vessel) *c*, and within the field of vision are ten distinctly open true stomata (*b*); the surface endothelium bordering the stomata is germinating. P. 112 (Oc. 3; Obj., 5).

motive-propelling forces. In the interstitial spaces, especially in the amphibia (as is noticed in the cut presented), on the turtle the blood capillaries are imbedded. It is plain that the larger blood and lymph vessels are separated from each other by two layers of endothelial cells, but where a blood vascular capillary passes through the wider interstitial spaces it is only separated from the lymph by a simple layer of endothelial cells. This fact will show the intimate relations of the blood and lymph vascular systems.

For, when an exceedingly thin walled tube passes through a large fluid space, interchange of fluid is quite evident. In the subperitoneal interstitial lymph sacs, the blood capillaries do not enter directly into the lymph capillaries. The



No. 7a (Robinson-Scholer). A sketch to represent the perivascular space in amphibia (turtle). *1* shows the ground substance after the endothelia was brushed off; *2*, *3*, *4* and *5*, more ground substance; *6*, *7*, *8*, *9* and *10*, perivascular space; *11*, *12* and *13*, blood vessels lying in the perivascular space.

fluid leaves the blood capillary first to pass into the interstitial space, and from the interstitial space the fluid enters the lymph capillary. There is, as rule, one or more interstitial spaces existing between the blood capillary and the lymph capillary. This is most typically noted in the turtle's subperitoneal tissue, also it may be noted in the rabbit. The reader may well remember that one of the characteristics of the interstitial spaces of the subperitoneal tissue is irregularity of shape, variation in size and elastic accommodations of the various quantities of fluid. The idea that the lymphatic channels or vessels constitute one part of the lymphatic system and the lymph spaces, or better, the interstitial spaces, constitute the other, is an old one, perhaps the first suggested in precise terms by that keen genius, Leydig, who claimed that a system of tubules were intercalcated between the blood capillaries on the one hand and the lymphatic capillaries on the other.

Virchow and Donders advocated that the stellate connective tissue corpuscles formed by fusion of their membranes a continuous system of tubules, which might be termed a plasmatic vascular system. Virchow, Donders and Koelliker considered the plasmatic vascular tubes or the lymphatic system as closed. But Ludwig and Bruecke maintain that the roots of the lymphatics of the interstitial spaces were destitute of a membrane, and simply arose from the interstitial spaces or from the so-called lacunæ. Parts of each of the above views are still maintained. A very significant matter was demonstrated by Mascagni and Fohmann, who injected the lymphatics with mercury, and found such a complete penetration of connective tissue by the mercury that they arrived at the conclusion that the connective tissue consists of a close plexus of lymphatics, and that the solid tissue constitutes only small trabeculæ and septa between them. However, it has long been known that there existed what to-day we consider best to term "interstitial spaces." This system of interstitial spaces is fed on the one hand by blood capillaries and depleted in the other by lymph capillaries. The

blood-vessels and the lymph-vessels are the fluid-carrying vessels to and from this system of interstitial spaces. Both of the fluid-carrying vessels have several common features, viz.: (*a*) each tube has a distinct, constant direction for its current; (*b*) it has a limited capacity; (*c*) each one has a lining of endothelial membrane with, perhaps, muscular and fibrous addition; (*d*) with nerves to control the calibre; (*e*) each tube is endowed with stomata (or the capacity to form them for the purpose of receiving or giving up fluids).

These tubular systems differ in the fact that the blood vascular capillary carries fresh, nourishing food to the interstitial space, while the lymph vascular capillary carries away debris and effete material. The great difference between the two fluid-transporting tubular systems and the system interstitial space lies in their function. The function of the tubular systems (lymph and blood) is chiefly transportation of fluids.

The chief function of the interstitial spaces is nutrition. The subperitoneal tissue is the type of all tissue to demonstrate the systems of tubular transportable fluids and the system of interstitial spaces. However, we may observe more gross appearances of interstitial spaces (even lacunæ) in the amphibia. It appears from my investigations that in the subperitoneal tissue the blood vascular capillaries are entirely closed from the interstitial spaces except by the so-called stomata and stigmata, while the lymph vascular capillaries are in direct, open connection with the interstitial spaces.

(To be continued.)

Southern Surgical and Gynecological Association.

The meeting of the Southern Surgical and Gynecological Association will be held in Atlanta, November the 13th, 14th and 15th, under the Presidency of Dr. A. M. Cartledge, of Louisville. Prospects are splendid for successful session. Members of the medical profession are cordially invited to attend. Address for information W. E. B. DORRIS, Secretary, Birmingham, Ala.

[Written for the MEDICAL BRIEF.]

Circumcision.

BY J. F. WEATHERHEAD, M. D.,
M. R. C. S., ETC.,
Boerne, Texas.

I have read with much interest, the articles upon the above subject in the BRIEF. I have, for a long time, perused everything upon the matter I could possibly obtain, and nowhere have I seen the reason for it, which occurred to me several years ago. Sanitary, religious and other reasons are given constantly, but the military one has been overlooked.

Scalping among the American Indians was, no doubt, a survival; for judging from what occurs still among some of the tribes in the Philippines, Borneo, New Guinea and other places in the East, the whole head was originally taken, and this proving too cumbersome to the Indian the scalp was considered a sufficient trophy. So in the case of circumcision, the penis was the prize of the conqueror, for it is a man's most valuable possession, and will in general only be parted with at the cost of his life. We can from this easily argue that in course of time the foreskin would be considered sufficient evidence of prowess in the hands of the warrior.

In my reading I have found but one instance to support this contention, viz., the twenty-fifth and twenty-seventh verses of eighteenth chapter, first book of Samuel. The narrative reads as if the thing was usual.

No doubt, if my view be correct, the foreskin was removed from the boy, so that when he became a soldier his overthrow would not furnish a subject for boasting to the enemy.

The religious coloring of the operation, would, as in many other primitive customs, be brought prominently forward, as a priestly cast, was formed in a tribe, and a so-called divine reason and command alleged for what was at first a warlike usage.

Herbert Spencer wrote some articles on "ceremonial religion," many years ago, but I do not remember if he touched upon circumcision from my point of view in any way. Perhaps some of your readers may know?

[Written for the MEDICAL BRIEF.]

Some Notes Regarding the Cause of Cerebral Disease.

BY W. K. GRAYSON, M. D.,
Rotler, Texas.

It is worthy of remark that brain substance and the nervous system are essentially different in function, structure and composition from all other parts of the human economy. This, then, being the case, it is a matter that should not be overlooked by any intelligent physician. It requires, therefore, to be built up, nourished and supported by a different supply of material for its support and upbuilding from all other parts of the animal economy.

All the other organs may be in a state of perfection, the muscular system performing all its functions and development, owing to their special nutrition being fully adequate and complete, and yet the nervous system be in a state of nearly complete bankruptcy. It is a demonstrated fact, that ought never to be overlooked, that the premature decay of the nervous system follows the decay of all the other parts of our organism, but yet it may commence independently of any imperfection, even while they are in the acme of health.

The actual material or brain substance is, without the shadow of a doubt, in the human economy similar in its identity and chemical composition with and to that of the seminal fluid in the male, and to the ova of the female; therefore its priceless value. It seems then more than probable that the vital action which influences the generative elements of man's nature may create at the same time the nervous substance. If so, it follows then, as a matter of course, that whenever the production of the nutrition of the one is impeded or imperfect, so is that of the other also. Then, again, there is a very remarkable coincidence of origin sympathy and a correlative and mutual dependence existing between these two singular and mysterious parts of our being.

The brain and the sexual members are placed at opposite extremes in the human body, similar to that of the two poles of a battery, each being very closely connected with the spine, and imbedded in its marrow which unites them. When, therefore, one of these poles is surcharged with vital power and the other undercharged, and one becomes exhausted, the other becomes quickly in a like condition. One ever-present and immutable law pervades all nature—the law of equilibrium or balance; this law violated brings its own retributive punishment.

This shows plainly, in connection with what has just been stated, that undue mental labor is frequently followed by sexual incompetency, and often by entire failure or impotency. The testes in the male are the dominant and controlling organs, and the ovaries also in the female. Sexually considered, their chemical secretions are identical, their influence the same upon the constitution of the two sexes—precisely the same.

This is why sexual abuse so often destroys the intellectual power of its victims, such as softening of the brain, bringing on a great deficiency of some of the substances in its composition, and destroying its vitality.

The failures of sexual power in growing and middle aged men is an anomaly of the present age, for no man, if he is reasonably careful, and does not abuse himself, should find his sexual power decaying before he is very far advanced in age. The sexual appetite was given to man for the perpetuation of the species, not to be abused either by congress with women of easy virtue, or by self-abuse.

Its effects upon the individual himself and upon his offspring are most disastrous in the production of cerebral disease, such as epilepsy, softening, paresis, etc.

The offspring of a man sexually exhausted has a feeble hold on life. Many inherited and acquired diseases, chiefly of the nervous system, have their origin in the loss of the nervo-vital fluid. The draining off of this fluid completely wipes out the typical fissures of thought; hence loss of memory and the acquisition of a sullen, moody, melancholic disposition, together with apathy or want of ambition, suicidal mania, brain softening and paralysis.

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Editorial.

Locomotor Ataxia.

Locomotor ataxia is becoming so common, is so insidious in its development and so intractable to cure, it is well to consider its nature and causation from every possible point of view.

The latest researches appear to indicate that the essential lesion is located in the brain—the optic thalamus—and that it is of an atrophic or degenerative nature. Hitherto, it has been considered a purely spinal disease, but it now seems probable that, starting in the optic thalamus, the process extends to the spinal marrow and thence to the surface of body through the spinal nerves.

Brain diseases are not easily recognized in their incipiency. Comparatively few physicians are well informed concerning the physiology and function of the mental organ. Departures from mental health are often ascribed to eccentricity, depravity, idiosyncrasy, etc., when they are really the result of brain disease.

So, maladies starting in a central brain lesion are not met by a correct diagnosis until they have progressed far enough to seriously involve the body and make it difficult to determine which is cause and which effect.

Mind is the creator, quickener and preserver of the body, and the brain is its organ. Trouble in the brain will surely reflect itself in the body. We are familiar with the effects of bodily ill-health on the mind, but the effect of mental and brain disease on the body is just as great. The central origin of disease is not sufficiently appreciated.

Locomotor ataxia is, in the start, a disorder of sensibility. The function of the optic thalamus is to receive objective sense impressions. General sensibility includes both sensory and intuitive perceptions. In the subjects of locomotor ataxia, the normal balance between sensory and imaginative perceptions is lost. Dreams, visions, hallucinations are common. Fancy is heightened. They have exalted ideas and conceptions. Sometimes, they are abnormally brilliant; at others are lethargic.

Taking this view of locomotor ataxia—that it is a disorder of sensibility, seated in the optic thalamus, spreading to the corpora striata, and through it affecting the gait and other movements—the treatment is plain.

The palsy of sensation, the atrophy or degeneration of nerve tissue in the optic thalamus, can be held in check by the same means which develop and keep the sensorium healthy—by use. Employ the skin—which is a great sense organ—as a medium to convey a variety of sen-

sations to the sensory tract. This requires daily treatment for months—in some cases years—but in a fair constitution will succeed. Electricity, medicated baths, massage, air and sun baths are the means employed.

The writer relieved a case of incipient tabes by the daily vigorous use of a flesh brush for thirty minutes with short, very hot, baths. In this case the skin could be lacerated without any sign of pain, the pupils were strongly contracted and the gait markedly ataxic. Eye symptoms and disordered imagination were traced back to childhood.

This case was one of degeneration, and these are more easily cured than when the trouble is arrested development or connective tissue atrophy.

Preparations of phosphorus, especially small doses of the phosphate of potash, not over two grains, are sometimes useful. Biliousness and constipation must be religiously avoided. But in developmental or degenerative diseases of nerve structures, developmental or regenerative methods, perseveringly carried out, offer the best hope of relief. The success of Frænkel's gymnastics in this disease helps to illustrate the point, although they attack the disease through volition instead of sense. Both methods may be utilized to advantage.

Taking Cold.

Many people are always taking cold, and hence are almost chronically catarrhal, because the *spine is weak*. Find measures to tone up the spinal cord, relieve its susceptibility, and the patient will cease to take cold at the slightest provocation.

If you will notice the spine of these neurotic patients, you will see that, however young, they usually have round-shoulders and stoop forward like old men. The muscles of back and abdomen are all feeble and relaxed. The internal organs, under the control of the spine, sag, prolapse and are ill-regulated because the spine has little power to exert over them. The sympathetic nervous system has undue prominence, and a disturbance in one organ is exaggerated and rapidly spreads to others. It is like anarchy where there is no law to check it.

The three most sensitive centres are: The nape of neck, the neighborhood of the fourth and fifth dorsal vertebræ, and the "small of back" or lumbar region.

To relieve this tendency to spinal congestion, weakness and undue sensitiveness, the patient must first train him or herself to sit and stand *erect*. This requires an effort of will and constant attention in the beginning, but a little practice will soon develop and make firm and strong that long, powerful muscle, which runs along the side of the backbone, called erector spinæ. Then arm and leg movements should be practiced a few moments daily to strengthen the several layers of muscles in the back.

It is a significant fact that, in the dissecting room, it is almost impossible to make a good demonstration of these various layers, so seldom are they well developed.

Hardening and vivifying the skin also strengthens the spine. Cold sponging followed by friction, rubbing with alcohol, or better yet, Listerine, salt baths and acidulated washes, are all excellent measures for this purpose, toning the vaso-motor centres.

When a cold is actually on, counter-irritation to nape of neck, if located in head, along fourth and fifth dorsal vertebræ, if in stomach, liver or bowels, or to small of back, if genito-urinary organs are affected, will greatly assist medication in bringing about a cure.

The Picked Woman.

The woman movement, the "new woman," has given many people unpleasant qualms, wondering what the world is coming to, and how we shall get along when womanly virtue and modesty are merged in aggressive determination and worldlv hardheartedness.

The "new woman" is not a modern development. She is as old as civilization. Her assumption of the workaday duties of men has merely turned a new light on her character and developed certain phases of it more than others. But the average She is not changed at heart. She yields to the pressure of necessity and instinctively develops a

manner and methods which will enable her to bear this unnatural life with the least possible amount of friction. The changes which we see, or imagine we see, are superficial. The average woman is, and always will be, first and foremost, a woman.

There is nothing in the so-called woman movement. There will be no upheaval or radical change in society as organized. The ambition and destiny of the great majority of women will continue to find satisfaction in marriage and maternity.

It is the "picked woman" who lends color to the assumption that the woman movement will revolutionize the social world. But the "picked woman," who has ambitions and gifts outside of woman's natural sphere, has always existed. Such a woman is born with genius and natural brain force. These create a pressure which must and will find outlet and expression, just as any other natural force will. To try and pen it up in the shackles of distasteful domesticity by ecclesiastical prohibition or social ostracism is futile and unwise. Such efforts can only prepare the way for explosions, making illegitimate, and consequently demoralizing, a career which, with normal recognition and free exercise, would be productive of good all around.

Genius and talent are not matters of sex. The majority of men and women have little of either, but the men make a better showing because educated and trained to make the most of what they have. The common sense of men is gradually bringing them to see that women are entitled to such advantages as experience has given in the cultivation and development of natural gifts without hindrance or favor. Nature must have her way. Art can only guide her.

None but the "picked woman" will be able to stand the pace.

The requisite courage, strength, ambition, ardor and endurance are the products of natural ability. Only those who possess this ability can stand the strain, and the world is none too rich in knowledge that it can afford to reject ability because it happens to reside in a woman.

Tired Eyes.

Much skepticism has been aroused by the exaggerated claims of certain oculists that defects of vision, and other ocular troubles, are responsible for many and varied diseases. Nevertheless, it is true that over-use of the eyes exhausts nerve force, and thus debilitates other organs.

It is not so much overwork of the seeing apparatus that causes sympathetic nervous disease, as a weakened and congested condition of the brain centre, the organ of perception. A diseased state of this part of the brain is sure to affect the pneumogastric and spinal accessory nerves, and through them the workings of various organs.

Thinking will tire the eyes, especially when the imagination is excited, almost as much, if not more, than their prolonged use on near work. A diseased state of any of the sensory organs will increase the susceptibility of the ocular apparatus.

In ocular neurasthenia, where the eyes are diverting and consuming more nerve force than can be spared to them, and the patient is nervous and debilitated as a consequence, do not put on glasses to encourage him to go on working an overtired organ by relieving the pain of Nature's protest, but tell him to cease using the eyes intellectually for a time, to stop thinking, and avoid all mental activity as far as possible.

Such patients should be animals for a season, however brief. Send them to sea or lakeshore, or, barring that, to some long, level stretch of country, where the eye can reach out over a vast expanse of blue water or green turf, beautiful and still, resting unteased by rapidly moving objects, which call for constant efforts at accommodation.

Day-dreaming in a breezy atmosphere is the best tonic for tired eyes and minds. It provides for organic recuperation, and a storing up of fresh supplies of nervous energy.

Glasses are useful where there are actual errors of vision, but they are too often prescribed for eyes which are tired because the brain centre is exhausted. In such cases it is the constant effort to give attention, and to concentrate the

mind, which is at fault, far more than the organ of sight through which the mental exhaustion is objectively expressed.

Commercialism.

It is the fashion with impulsive, unthinking people to inveigh against commercialism. Yet the business spirit and business standards have proved a wholesome and much needed corrective to certain forms of human weakness. A business-like attitude is a check to the selfish exactions and impositions practiced upon the good nature of willing persons. Commercialism puts things and people upon their merits. Each stands or falls according to the degree of efficiency attained. Progress and true conservatism are fostered thereby.

Commercialism also puts a stop to that beggarly spirit which wants good pay for bad work on charitable grounds. Commercialism is no respecter of persons, yet it encourages effort and excellence, stimulates independence and the love of liberty.

Commercialism makes a man value his health. Stable health is a good business asset. Such a man can make calculations undisturbed by the personal factor. He can count with certainty upon his own powers, and is wise enough to consult his physician at the first sign of something wrong. He avoids dissipation and excesses of all kinds, lest he impair his judgment and endurance.

Commercialism teaches a certain sharp, stern, practical morality, which is invaluable in the conduct of all affairs. A man governed by business ideas is punctual in keeping engagements, in fulfilling promises, in honoring his obligations. He is prompt to make and exact payments. Most doctors would be glad to have a majority of business men among their patrons.

Of course, commercialism, like everything else, has its abuses and shortcomings. Sometimes greed taints the business man's determination to get his money's worth. Again, the worker overvalues his services, and is unreasonable in his demands.

Then, sometimes, monopolies, syndicates and speculators make immense profits by more or less unscrupulous methods; but the advantage is only temporary, and, if not offset by responsibility, is soon lost in another deal.

Pioneers enriched by a new idea usually deserve all they get. No one knows the years of study and work, spent in obscurity, perfecting an invention, of which the public has the use for the payment of a small sum.

Civilization is too general, and commerce too much of a science, for extortion to flourish. Such attempts are always met, sooner or later, by competition. There is a market for all kinds of wares which have any claim to usefulness, beauty or interest. This market is governed by supply and demand. Commercial standards of value stimulate the production of better wares, as commercialism admits no argument, except that of intrinsic worth in the things offered for sale.

Naturally, weakness and incapacity do not like commercialism. They call it harsh and cruel, but it is the best substitute for abstract justice which a materialistic civilization can devise.

Bryan's Fanaticism.

Mr. Bryan's speech of acceptance is an unwarranted libel on the intentions of the American people with regard to our Philippine policy.

He assumes that that policy will be a base and selfish one, without waiting for the facts to come in. He also ignores the fact that although the United States governed the South without her consent, the policy neither corrupted the government nor ruined the South. In fact, now that the South has got rid of some of her high-flown sentiment, and come down to realities, she is beginning to prosper as she deserves. The growth of common sense and the extension of business principles have attracted capital, and her great natural resources are rapidly being developed.

Mr. Bryan shows considerable tact in subordinating the financial fallacy, with which he is identified, and which deprived him of so many votes in the last election, in order to bring on a patriotic panic.

There is no occasion for hysterical talk about imperialism, wars of con-

quest, subject peoples and the like. This country has an opportunity to revolutionize its government, legally, every four years. If the present Administration fails to keep the spirit of its promises regarding the Philippines, the American people can elect men who will. It is not the American way, whatever Mr. Bryan may think, to assume that men will do wrong and punish them before trial.

Mr. Bryan utters a great many sentiments, noble in the abstract, but not applicable to human policies. There is too much absolutism in his assertions and demands. He confounds his own fanaticism, imperial temper and despotic will with American ideas of government. Judging the present Administration by himself, he can not conceive of our governing the Philippines with patience and forbearance until such time as, by natural development, they shall be fit to take the reins in their own hands.

If civilization is of any use, it is to teach the undeveloped. To impart, by artificial means, as far as is possible, the knowledge and wisdom we have gained, and save the wanton waste, the savage cruelties, which primeval Nature so unsparingly caused.

Mr. Bryan's idea is to simplify government by cutting off sources of expense and responsibility. This is the idea of a half-educated man. Carrying it out logically would make us return to tallow dips, stages, no telegraph, dear postage, a stick to scratch the soil, etc.

He also believes that, now the nation is grown to manhood, it should castrate its superabundant energies, and refuse to give hostages to fortune. It is Nature that men and nations, in the full tide of their powers, should take responsibility to wife, and assume the burden of training less developed beings and peoples.

Mr. Bryan prescribes moral eunuchism for a country peculiarly fitted by a Republican form of government for governing dependencies. A government which is brought to the bar of public judgment and submitted to the people's will at the polls every four years can not perpetuate abuses, even though it may commit errors.

Mr. Bryan demands that, in order to avoid the phantom of imperialism, we submit to a financial crisis, the echoes of which would reverberate throughout the civilized world, and precipitate Americans of all classes and conditions into misery the like of which they have never known, and can with difficulty conceive. Why? Because Mr. Bryan has asserted his belief in sixteen to one, and he would rather plunge us all into financial distress and uncertainty than retract an iota of what he has said.

Any one who doubts the importance and the beneficence of the gold standard, should read the book recently issued by the Japanese Minister of Finance. In this book, which is a history of the currency, the Minister states that, since the adoption of the gold standard in the fall of '97, business transactions have become safe, prices less inconstant, there is great improvement in credit and material benefit throughout his country—all owing to the fact that the currency is no longer subject to constant variations in the exchange rate. He looks forward to large investments of foreign capital, and a consequent expansion of trade and prosperity.

But facts like these have no practical significance for Mr. Bryan. *Fanaticism never learns, never changes, never pities, never forbears.* It merely becomes more intense, more determined, more desperate. It is based upon the most dangerous kind of selfishness—a selfishness blinded and made unconscious by devotion to abstract sentiment. The narrowing down and concentration of sympathies upon one idea unbalances the mind, and utterly unfits a man for leadership.

Life in any sphere is a constant struggle with new factors, new problems, new situations. It calls for great powers of discrimination, fine distinctions, versatility, alertness, and patient wisdom. These qualities and attributes never accompany the spirit of denunciation, disparagement, agitation, etc., which dominates the present Democratic-Populistic organization.

The Editor, as a life-time Democrat, thinks he knows something of true Democratic principles, as enunciated by Jefferson, Tilden, and other great Democrats. The fever of Bryanitis is as far

from the original Democratic conception of individual rights as monarchy from Republicanism.

Mr. Bryan does not stand for Democracy. *He stands for Bryan.* Nor does he scruple to silence, by the force of an over-bearing will, those who would differ from him. He deprecates government by force, yet that is precisely the way he governs his party, and would govern us if we gave him a chance.

It is to be hoped that the patriots of America will stamp out Bryanitis this fall, and give the grand old Democratic party a chance to rally, to free its judgment from the delirium of disease, and return to a higher conception of national rights and duties.

Enthusiasm Wanes Before Experience.

Pediatrics, for July 15, devotes much of its space to summarizing the views of prominent New York physicians regarding antitoxin, as given at a spring meeting of their medical association.

The most noticeable thing is the wide difference of opinion between these and previous reports of professional sentiment regarding the value of antitoxin.

Two years ago men who questioned and doubted antitoxin were ignored, or frowned down upon, by enthusiasts carried on the wave of the fad. It took considerable courage to utter a word of warning. Now all is changed.

Two physicians give antitoxin a qualified endorsement, unintentionally damning it with faint praise. *Six* of the ablest men in New York oppose it because it causes dangerous, sometimes fatal, complications. That it makes recovery tedious. That its pathological influence is greater than its therapeutic virtue. That it dissolves the blood corpuscles, Nature's agent of repair. Albuminuria, suppression of urine, convulsions and pleuro-pneumonia are very common after the use of antitoxin.

Dr. Berg, one of the two who favor antitoxin, states that there are disagreeable features attending its use. He names four varieties of eruptions caused by it, and says that they produce fever and complicate diagnosis. He has experimented to find out what causes these rashes, and attributes it to the *serum*, not the antitoxin. (That is to say, the carbolic acid, for this drug is the only antitoxic principle in antitoxin.) Injections of ordinary horse serum give rise to similar eruptions (probably ptomaine poisoning). *Still* he believes in antitoxin.

The other defender of the faith, Dr. Brannan, speaks generally of the advantages derived from the antitoxin treatment in the Willard Parker Hospital, at the same time describing a *method of irrigation* vastly superior to the local treatment hitherto employed. He also makes mention of a variety of *other remedies* used to meet special indications. He admits that certain complications of diphtheria have markedly increased since the introduction of antitoxin. Altogether, rather a dubious endorsement of the remedy.

Coming after him, Dr. Winters knocks his testimony to pieces by a business-like statement of the Hospital's record in the treatment of diphtheria for different years, showing that for only one year (1898) has the mortality been as low as previous to the introduction of antitoxin. He then goes on to cite cases dying with fatal complications as a result of antitoxin.

A promising case developed albuminuria and died. Three were taken with convulsions. Six died with suppression of urine. These cases could be multiplied indefinitely. A Connecticut physician reported that five out of seven cases treated with antitoxin died. He advised every man who wished to use it to first go and make a study of its effects in the wards of the Willard Parker Hospital of New York, or the Municipal Hospital of Philadelphia.

Dr. J. Edward Herman, of Brooklyn, said that the whole antitoxin theory was so full of error that the "mere breath of reason" was sufficient to bring it to the ground. He went into the subject comprehensively and with scientific accuracy, quoting the researches of many authorities to show that the Klebs-Loeffler bacillus does not cause diphtheria, and consequently, according to the so-called law of Behring, antitoxin can have no therapeutic power. He calls attention to the fact that the horse

never has diphtheria, proving that he is not inoculated with any specific poison, but simply becomes immune to blood poisoning by the gradual loss of a measure of his vitality.

Dr. Adolph Rupp agreed with Dr. Winters, citing cases where antitoxin had failed, and quoting the experience of Austrian and German physicians who have found antitoxin valueless.

Dr. Weir, President of the Association, said that none of the serums had given any satisfaction. The last, and most promising of all, tetanus antitoxin, had completely failed in an extensive trial in and about New York last summer.

Dr. White, in closing the discussion, said he had never seen a case cured by antitoxin. Cases recovered after its use, but not by virtue of antitoxin. He mentioned the case of a boy, not seriously ill, who developed convulsions and died sixteen hours after an injection of antitoxin.

It is hardly necessary to make any comments on these reports. It is apparent that the able and intelligent men of the profession, who depend upon facts rather than sentiment and prejudice for their beliefs, are convinced that antitoxin is a failure in practice, and a dangerous agent besides.

Logically, the matter could turn out no other way. Antitoxin was a purely speculative remedy, based upon unfounded theory. Behring is not a physician, but a closet scientist, who allowed his imagination to run away with him. A habit of constantly brooding over generalities and abstractions, without the tonic and invigorating influence of concrete, every-day experience, will derange and unbalance any mind—more especially one weakened by the superstition so evident in the emotions and beliefs of a majority of German thinkers.

Corn Bread.

Corn bread contains more nutriment than wheat bread, and is a better diet for persons suffering from liver and kidney disease. It is likewise more stimulating to the bowel, and aids in controlling the constipation so common in these diseases. While the addition of sugar makes it more palatable, it does not agree so well with the digestive organs, as a rule, the sugar causing fermentation.

Except in the South, the use of corn bread in the form of dodgers and hoecake is almost unknown. In antebellum days, corn bread was the staff of life with the Southern darkies, and their well-nourished bodies, white and regular teeth, general freedom from disorders of nutrition, spoke with silent eloquence of its nourishing qualities.

Doctors will do well to advocate a more extensive use of corn bread. It is cheaper than wheat bread, is readily prepared, and requires little knowledge or experience to cook it.

Good pastry cooks are rare, and badly-cooked wheat bread is a most prolific source of indigestion. Corn bread is not open to the faults so common with wheat bread. It is not soggy, heavy or tough and prone to fermentation. Nor does it require such quantities to satisfy the appetite. Those who suffer from acid indigestion, sour eructations, flatulence, etc., will be helped by substituting corn for wheat bread.

Physical vs. Mental Education.

A recent writer argues that tenement children would derive far more benefit from a compulsory physical education than from a compulsory mental education.

From a purely medical standpoint this may be true, but from a politico-social standpoint it is at least open to doubt.

Physical development, without enlightenment and culture, makes men brutal and violent. It breeds force ideas and methods. Physical development, alone, hardens men, makes them resistant to the forces of disease and suffering at the expense of character growth. To make physical education of prime importance may be all right for military nations, who maintain immense standing armies, but in America *individualism* is the corner-stone of civilization.

Physical exercises and sports, in moderation, to develop the body symmetrically, and place all its parts under control of the will, are excellent for health, but even this can be dispensed with rather than neglect the mind.

Enlighten the mind, teach it to think logically, and it will find ways and means to release the body from the bondage of ill-health and weakness. Mere muscular strength is brute strength, and brutalizes the aims, ambitions, tastes, etc., of those who possess it. Men find their chief pleasure in the exercise of their best developed powers. It is easier to develop muscular force than intellectual force, the former being lower in the scale of development.

This fact has been instrumental in bringing about a reaction against college athletics. Instead of making athletics a means to an end, to keep the body in health and take off nervous tension, students have shown a growing tendency to make athletics the particular feature of college life at the expense of their studies.

Physical exercise of a varied nature, sufficient to circulate the blood freely and relieve obstructions, to promote elimination and keep all muscular structures in a tonic condition, is helpful, but any greater expenditure of vitality in this direction, except what may be necessitated by occupation or circumstances beyond our control, is wasteful and injurious.

Alternation.

The principle of alternation is a valuble one in medication. Any remedy, no matter how useful when given according to indications, wears out, or reverses its action, when taken too long.

The bitter principles, so helpful in atonic states of the digestive organs, used too long without alternation or intermission, will produce a catarrhal state, with sour stomach, etc.

Strychnine, which is such a good bracer for the nerves in certain relaxed states, will, if used continouusly for some time, cause intense nervous irritation, muscular stiffness, diminution of urine, and sometimes apoplectiform seizures.

Iron, if given too long and too freely, is almost sure to cause biliousness. The alkalies diminish vitality and make the individual thinner.

There are other remedies, non-cumulative, which merely lose their therapeutic force for the time being, and judicious alternation with other remedies will make the patient derive fresh benefit when the remedy is resumed.

The patient is also benefited by the alternation, for the state of the various organs reacts on all the others. Where one is diseased all others are more or less affected. That is to say, disease of the digestive organs will bring on disease of the circulatory organs, which in turn causes disease of the eliminating organs.

To illustrate: When you give iron preparations, alternate with a good hepatic remedy, such as Chionia. When you give bitters to tone up relaxed digestive organs, alternate with a kidney depurator like Lithiated Hydrangea. Alternate your Sanmetto with Celerina in diseases of the sexual organs. Alternate your strychnine with Cactina Pillets, aromatic spirits ammonia, etc. In infectious diseases where the blood corpuscles break down as fast as made, give Ecthol freely in alternation with syr. hypophosphis. co.

Study the principle of alternation carefully in relation to the parts diseased, and the indications to be fulfilled. Two remedies may be given in alternation at once in acute diseases for their corrective influences on each other and on the disease; or, in more chronic states, may be given singly, in alternation, for days or weeks, as seems best in the individual case.

From Bad to Worse.

The bacteriological theory and serum therapy have almost demoralized German medical circles. The instinct of professional responsibility has been so blunted by wrong ideas of the cause of disease, and unclean practices in therapeutics, that Continental practitioners have almost lost sight of the fact that patients have some rights. The patient is justified in expecting to be treated along clean lines, and to look forward to a cure, or at least palliation of his trouble.

Germany is very tolerant of abuses from the hands of authority, but Prof. Neisser's action in inoculating a number of subjects with anti-syphilitic serum,

without their knowledge or consent, has aroused considerable indignation even among a monarchical people.

Prof. Virchow's defense of human experimentation is really a severe indictment of such filthy and cruel practices. He puts what he pleases to term the advancement of science before human welfare. Such arguments infringe natural human rights and sap the foundations of civilization. To build up any science at the expense of mankind is not only cold-blooded cruelty, it is race-murder.

We have often called attention, in these columns, to the demoralizing and corrupting influence which spurious science and filth methods would inevitably exercise over physicians who adopted such ideas and practices.

Everything grows by what it feeds on. A man whose intellect has brought conscience to the pass that it sees no harm in infecting inoffensive people by injecting syphilitic poison into their blood, will soon regard it as a matter of course to commit scientific murder, provided it sheds light on some obscure point. Such a man will look with cold contempt on horror-stricken people who view his acts in their true light. He will endeavor to stigmatize them as "sentimentalists." He can not see any difference between mere sentimentality and humanitarianism.

When the intellect seduces and betrays a man in other walks of life, we call him a criminal or a pervert, and we jail him or send him to an asylum. But in Continental Europe, if science cloak his dangerous qualities, he is too generally accepted at his own valuation.

A physician who has no heart—no imagination, sympathy, compassion, to temper the edge of his intellect—is apt to develop into a monster if he studies medicine as an abstract science purely. Such a man should never be allowed to assume the role of leader and dictator to the profession. Men who go into the homes of families in times of great distress, who listen to secrets of misery and shame, should be men of conscientious mould, patient temper, able to exercise consideration and forbearance toward those in their care.

The spirit shown by many Continental scientists is that of a wanton boy, who thoughtlessly tortures flies by pulling off their legs for his amusement.

The Anglo-Saxon way of studying Nature's laws, pure drugs, their action and indications, using the natural powers of perception and observation to read the individual's constitution and temperament, is the right way to practice medicine, and leads to advancement along the true lines. It is selective and conservative of the best in the science. *It harms no one.*

Constipation.

The widespread prevalence of constipation makes this hackneyed subject ever fresh and worthy of consideration.

Too many of us recommend an aperient pill or some purgative water, and give the matter no further thought. Then these patients, depending upon the pills or waters, have a scanty, ribbon-like movement through the centre of bowel, while hardened masses accumulate in the pouch-like depressions along the course of an inert colon. The bowel continues to stretch until a gallon or two of feces, as dry and odorless as charcoal, may be and are frequently stored away in the colon.

In cases like this the sphincter is often contracted and irritable. There are little nicks and fissures, venous tumors, etc., which are very painful, and make the patient unwilling to undergo the torture of an examination. There is, also, a pressure on the brain which makes the individual irritable, morose, sometimes actually insane.

One great cause of constipation is disuse of the legs begotten by the conveniences of civilization. Walking is not interesting in itself, and consumes much time, so we ride. We spend all our energy in profitable pursuits, or in amusements of a passive character. In either case we sit down to it for the most part, and as we eat with unimpaired appetites, we are becoming big-bellied and shrunken-shanked.

The enormous abdomens we see on many women, and not a few men, are the result of chronic intestinal indigestion and constipation. Stored-up feces and flatus swell the abdomen to the

dimensions of an eight months' pregnancy.

When you are consulted for constipation, find out the nature of it. If recent or dependent on biliousness, cold, etc., Chionia, in teaspoonful doses three times daily, will relieve it. But if the colon is impotent and impacted, you will have to clear out the bowel thoroughly, put the rectum and sphincter in good condition, regulate the life of the patient with regard to diet, exercise, etc., and use some combination of podophyllin, aloes and arsenic iodide to restore power to the paralyzed gut. Abdominal massage and movements which bring into play the abdominal and hip muscles will aid much.

The Imperialism Bosh.

The imperialism racket is no new thing in this country. It has been worked, for dramatic purposes, before, but without success.

We all remember how Daddy Schurz wept and wailed over the down-fall of the Republic when Grant was elected. Grant was the veritable man on horseback, who was going to ride over all our liberties. And lo and behold! all these tears only wet the grindstone which sharpened Schurz' axe.

Schurz' career in the Missouri Senate demonstrates how little he minds governing people without their consent, if he does the governing. It is wonderful how power changes the views, causes remarkable lapses of memory with regard to troublesome promises, etc., in agitators and demagogues.

Schurz was shrewd enough to know that government by consent of the governed would short-stop his political career. So he raised the hue and cry of imperialism to terrify and coerce mutinous political wanderers back into the fold herded by one Schurz.

The tariff and all other time-honored Democratic issues were shelved in the Grant-Greeley campaign, to make way for Schurz' imperialism. But the common sense of the people rose superior to it. And not long after specie payments were resumed, our depreciated paper money rose to its face value, commerce got firmly on its feet, and a great wave of prosperity spread over the country then as now.

Well, Schurz is again doing business at the old stand—weeping loud tears over the imminence of imperialism. Yet expansion—territorial accessions—was Democratic policy in the party's palmy days. Jefferson, Madison and Monroe, respectively, held the position of Chief Magistrate when Louisiana, Oregon and Florida were placed under territorial government. Congress legislated for them, empowering the President to appoint persons in whom should be vested the military, civil and judicial power to be exercised after the manner directed by him. President Jackson approved a similar course toward the territory of Wisconsin. Van Buren and Polk did the same with regard to Iowa and Minnesota. None of these territories shared in the Constitutional guarantee. Technically, the whole power of government reposed with the President.

All the great Democratic leaders between 1800 and 1850, the period of our greatest growth, believed in confining the Constitution to the States. They were big men, and the Democracy of that day a great party. The chances are they knew a lot more about genuine Democracy than the present party of repudiation, opposition and obstruction.

The imperialism issue is all bosh. Anglo-Saxons, at least, have outgrown what used to be implied in the term. It is only half-educated men and old fogies who can be frightened by such a phantom. Intelligent, progressive men, whether Democrats or Republicans, fear equally to see the reins of government in the hands of Popocratic leaders who employ the arts of an injudicious nurse, trying to terrify a spoiled, willful child, into submission.

Public men of principle and experience can not tell exactly what they are going to do about anything. No one can read the future with certainty. A man must stand ready to grasp opportunity and turn it to advantage. To this end he must be fortified by knowledge and experience. For the rest, we must put faith in the character and past record of the man. If he should commit himself by anything more than a general outline of policy, events might put him in a position where he must

depart from his announced intentions. Then he would be sure to be misunderstood, charged with inconsistency and vacillation, if nothing worse.

Mr. McKinley has pursued the above course during the past four years, and the mere fact that he is a Republican can not change the common sense and wisdom of it, nor hide the fact that the whole country has prospered under it.

The vision of imperialism is nothing but the nightmare which accompanies wind colic. This great, good-natured, easy-going Republic, does not do much governing anyhow. It stops with the administration of public duties and policies. The various States erect Chinese walls of protection against each other, kick up riots and other disturbances whenever they feel like it. We lack the strenuous spirit of military dictatorship.

Bryanitis.

Bryanitis is a complication of diseases, comprising opposition to everything in the shape of practical common sense.

The disorder is acute and virulent, but self-limited in its nature. If Tammanitis does not develop, and the fanatic fever can be kept under control, the prognosis seems favorable.

The following prescription furnishes a reliable febrifuge:

℞ Knowledge of Human Nature.....4 ounces.
Knowledge of Political History...4 ounces.
Common Sense.....2 ounces.
Deliberation .....2 ounces.
Patriotism .....4 ounces.

M. Sig.: Tablespoonful doses as indicated.

Radical treatment of the disease consists in always voting against the financial and fanatical folly better suited to the middle ages than American civilization of the twentieth century.

Small wonder that the Filippino should feel kinship with the present Popocratic organization and leaders. They are both examples of retarded development. It is an anachronism, reversion, degeneration, to propose that a nation, fast becoming a great world power for good, shall adopt a policy of contraction, isolation, debased money, tarnished credit, ignominy, among other nations.

If we believe in the Republic, if we cherish American ideas and principles, we must summon our patriotism, and whatever our party feelings may be, brand Bryanitis at the polls as a superficial, eruptive disease, which has attacked our politics, not a part of our bone and fibre.

The results of the election will tell the world whether we are sound and strong, the healthy, hearty growing country we believe ourselves to be, throwing off political diseases at the surface instead of keeping them in, festering and causing ugly sores, after the manner of Continental Europe. We would rather have Anarchism defeated at the polls by public opinion than kept down by militarism.

Health Must Be Paid For.

Health is fast becoming the ideal of the world.

What are the essentials of health? *First*—Good and regular habits. These conserve and promote a strong organization. *Second*—Ample provision for the growth, development and recreation of the mind. The mind constantly impresses its activity upon the body; hence a morbid mind will, in time, cause a morbid body, and *vice versa*. *Third*—Temperance in all things, both material and immaterial. It is as foolish and hurtful to carry self-denial and self-sacrifice to extremes as to over-eat or get drunk. Health is harmony, and requires us to strike a true balance between the indulgence and repression of natural desires and appetites. Unperverted instincts furnish a correct guide in this matter.

Persons who inherit delicate health lack these highly developed instincts, but intuition is very strong in them, and if they will follow its light unfalteringly and practice good habits, dormant instincts are vivified and trued up. Reason, too, may be made to co-operate by experimenting with various plans to find out what manner of life is best adapted to the individual.

Proper diet, unstinted sleep, regular, congenial occupation for mind and body, with a progressive mental outlook, and the occasional change of air and scene, which refreshes and exhilarates, will ensure health.

The trouble with the multitude is that they like extremes. They want passion

torn to tatters. Hysteria in some shape is their preference. They insist upon spending their vitality lavishly. Life must be vivid to luridness—one long sensation. Excitement is the breath of life—moderation the extreme of dullness. They do not want health so much as something which will enable them to spend constantly and never be exhausted. Doctors and drugs which will paralyze reaction with its inevitable weakness, dejection and sadness, are in great demand. Hence morphine, cocaine, alcohol, etc., addiction.

Anybody can have health who will work and endure for it, but there is positively no royal road to well-being.

The Spread of Universalism.

It is singular how narrowness and every form of unnatural repression and oppression gradually develops a force within which will, sooner or later, burst or dissolve arbitrary boundaries.

Fifty, even twenty-five years ago, bigotry and exclusiveness defined and set apart schools of medicine and religious sects with iron walls of dogma and opinion, which few had courage to scale.

But modern education teaches men to do their own thinking as the *summum bonum* of all knowledge. Modern progress stimulates men to seek constantly a *better way*, whithersoever it may lead. The two together are eating away the artificial barriers erected by creeds and doctrines, and leading us unconsciously, by devious and hidden paths, toward universal medicine, religion and politics.

The process is selective and very slow, being hindered by countercurrents of prejudice, animosity, self-interest and other antagonistic forces. Still the movement is on and cannot be stopped. The time will come when the individual doctor will be ashamed to admit that he knows nothing of medical truth save what is bounded by the narrow limits of one school. His mind will not be content until he has examined into and experimented with the methods and discoveries which, in other schools, have held their own in the test of experience.

The sense of professional responsibility will demand that he familiarize himself with every known means of controlling and preventing disease. Conscience will not permit the physician to see a patient die ethically rather than be saved in some "irregular" way. It will be enough for him to call himself simply "Doctor," and he will unhesitatingly use any and all means of cure which medical instinct has sought out and inventive art perfected.

The religionist of the future will care little about what he believes or professes. He will be satisfied to do the best he can under the circumstances, while striving constantly for new light. He will respect the rights and liberties of his neighbor, and expect no more than he gives. Living up to intuition and conscience as near as he may, he will develop naturally, meet the cares and anxieties of life cheerfully, and his soul will have gained the courage and serenity to meet death and its issues calmly.

In politics, we see the same broadening tendencies. Party machines and "pulls" are gradually losing power with the growth of the mugwump class. The mugwumps saved us from financial disaster in '96 and will save us from the same danger in 1900. But should the party in power develop arbitrary tendencies at any time, the mugwump would promptly transfer his influence in another direction.

The mugwump holds the balance of power in this country. The mugwump class is the nucleus of universal politics. Should both our great political parties become corrupt, the mugwumps, with their affiliations and derivations, will form another and take the reins of power.

Nature's Elixir.

Men have always been seeking elixirs to preserve youth. But they will never find them in magic potions, animal serums, etc. Versatility is the only genuine elixir of life. By diversifying his interests a man can keep alive hope, desire, ambition. These are the qualities which preserve youth.

If all a man's force is directed into one channel, knowledge and experience gradually destroy his illusions in that direction, and so much of his nature crystallizes. His horizon becomes lim-

ited, his energies restricted, his growth dwarfed. But versatility makes even the wisdom of the aged supple. Besides, a variety of interests makes each exercise a curious tonic effect upon the others. The value of each is enhanced. The deadening effect of monotony is prevented. The circulation of the brain is equalized. There can be no health of body, or stability of function, unless the brain is faring well.

Versatility should be cultivated, especially by those whose occupations are of a mechanical nature. A business into which new problems and factors are constantly entering, or a profession, such as medicine, in which the individuality of the patient makes disease ever new, gives the faculties more play. Yet even in these entire change of thought is beneficial.

Statistics bear out the value of versatility in promoting longevity. Those who live monotonous, machine-like lives, however free from risk and healthful in its nature their occupation may be, yet die earlier than those whose minds range freely.

The nearer the individual mind is brought into communion with universal mind, other things being equal, the richer, fuller and longer that individual's life. But mother earth has an irresistible drawing power for the clod, the undeveloped man. Even where a strong animal organization resists decay, the mind suffers, and dementia is the penalty of neglected development.

By constantly enlarging his outlook a man keeps all his faculties sharpened, his desires keen, his energies ready, and his mind—which is the sum and substance of his existence—is constantly stored with new principles, which both satisfy and increase its hunger.

Progress is a natural instinct, and versatility is an element of progress. The best way to stop the brooding and worrying which harass the body, and break up the harmony of function necessary to health, is to divert that mind with new thought, or some additional interest. It is useless to say "Don't worry," "take things easy." But project a new idea. Get the mind fixed on something else suited to its calibre. Lean and hungry-looking people can be made fat by such means, after forced feeding and rest treatment have failed. Chronic invalids have been made strong, for mind is creative, and can regenerate the body when assisted by correct habits and the indicated medication.

Encourage the spirit of versatility among your patients, especially those in chronic low health, and whose lives are narrow and monotonous. A little knowledge may be dangerous, and they will make unique blunders in interpreting and applying what they learn; but these mistakes and struggles develop and strengthen mind, where a smooth performance of accustomed duties makes no impression.

Superstition.

Superstition acts like a vice on the mind. It paralyzes thought and checks progress. It is a sort of fog, originally rising from cess-pools of sin, fed by ignorance, sloth, and unreasoning cruelty. The superstitious person is morally obtuse. Insight, faith and courage are related qualities, having nothing to do with superstition. Superstition begets fear, and fear binds men in a yoke of animalism, making them abject, cowards and blindly selfish.

A superstitious man is a firm believer in luck, fate and destiny. His luck may be of the poorest kind, but he will not take any chances by way of trying something new lest it leave him.

A superstitious man may belong to a church which preaches hell-fire as the portion of sinners, and realize that he is, logically, in a fair way to earn his share, yet he would be afraid to listen to the Gospel of Love.

A superstitious man, bred to vote a certain party ticket, is afraid to vote any other, even though his intelligence tells him he is doing the worst possible thing for his country.

A superstitious man is afraid of enterprise and change. He wants to stick to the ways of his forefathers, although progress and higher organization is a principle rooted in Nature. When the world crystallizes, dissolution will begin. Movement, change, growth are life itself.

Break away from superstition. Let us be men, alert, vigilant, active, thinking and willing creatures, not animals governed by hypnotic forces.

The Ostrich in Medicine.

The professional ostrich is more common than is creditable to the profession. How many times we read long scientific papers on certain stubborn diseases, in which the author complacently dismisses the practical question of treatment with the assertion that there is no cure.

Then we wonder why he wrote his paper and what he practices medicine for. And why should he put his ignorance in the shape of an assertion to hinder and obstruct the efforts of others in search of cures?

Medicine is pre-eminently a science of experimentation and observation. While these methods of acquiring knowledge must be guided by logic, common-sense, etc., tradition, assertion, authority, medical conventions of any kind should never be let stand in the way of our breaking new ground.

No man, however high his position, should take it on himself to say there is no cure for a disease merely because he knows of none. There is no evil without a remedy. It is our ignorance and passive acceptance of diseased conditions which is at fault.

Let us put the blame where it belongs. Medical pessimism and therapeutic nihilism are responsible for the ostrich-like attitude of too many ranking physicians in the professional army. But such a spirit can not live and prosper in the modern atmosphere. Mere moralizing and philosophizing—fruitless discussion of any kind—belongs to a past age. This is an era of action and progress.

If the treatment of disease is to remain in the hands of educated physicians, their knowledge must have a practical value which patients can appreciate. It is fast becoming impossible to take refuge in saying "There is no cure." Such a statement smacks of hypocrisy to even average intelligence. The impatience which it evokes is largely responsible for the thriving business done by many so-called quacks.

When a man puts himself in the hands of a doctor to be relieved of a disease, he wants to believe that a cure is the goal, that he has started for it, and that his pains, discomforts and inconveniences are sacrifices which constantly bring so much nearer the coveted end. So, when the reputable physician tells him with cheerful unction, or grave pity, that there is no goal; that he can treat him, give him medicine, instructions, etc., but that nothing is to be expected or hoped from such treatment, the patient prefers to take his chances with the quack, who, at least, is brimful of confidence and magnetism, and administers hope—that best of tonics—in enormous doses.

Moreover, there is nearly always room for hope. Pathological principles are few. One or more are operative in all diseases by whatsoever name it be called. Begin with the most urgent indication, and give a remedy which acts well in that particular condition, *no matter whether it has ever been used in that particular disease or not.* The close sympathy between the body's parts makes improvement in one part as communicable as disease.

With a rich *materia medica*, a wide experience in drug indications, there is no reasonable excuse which the physician can offer for shutting his eyes and ignoring the opportunity to throw new light on the treatment of obstinate diseases by experimental therapeutics.

Practice Makes Faith Courageous.

When a doctor says he has no faith in medicines, what he really means is that he knows very little about them Such experience as he has had consisted principally in prescribing certain set formula for certain diseases, without knowing the why or wherefore, and when he fails to get good results, he illogically throws the blame on medicine.

Such a lottery scheme of medication would naturally fail nine times for one success. There is nothing scientific about it. The physician hardly knows what he expects his prescription to do. He simply hopes in a dim, uncertain way that it will find the mark and untie the knot.

Medical faith which lacks knowledge and familiarity with the properties, uses and powers of medicines is apt to be faint-hearted and doubtful of their

reality. A thorough knowledge of a few good remedies—selecting pure and uniform preparations—is better than a smattering knowledge of a great many.

The indications for these remedies should be kept fresh in the memory at all times, and now and then the physician should experiment with a new medicine. Give it a thorough trial, making sure that you have a reliable preparation, and sticking to that one. Do not make a snap judgment from a few cases, but keep on until you know all that is to be learned about that remedy—its merits and demerits.

You will often learn little facts concerning remedies which have escaped the notice of others. For instance, every physician knows that Chionia will cure jaundice, torpid liver, certain forms of intestinal indigestion and constipation, but comparatively few seem to have observed its favorable influence over unhappy mental states

Sometimes there is no other indication of biliousness than mental depression, weariness and low spirits. Usually Chionia will relieve these symptoms in a few days, and to many the condition is more intolerable than physical pain.

The best way to cure physicians of want of faith in the utility of medicine is to get them to make a thorough, earnest, painstaking investigation of medicines. Get good ones, read up their indications, and make practical experiments to confirm your theoretical knowledge. Faith fed on such diet will soon grow robust.

Imperialism.

The Democratic politicians are raising a great noise and clamor about an intangible something which they call Imperialism. With mock solemnity they have declared it to be the "paramount issue" in the present campaign, and it is the chief burden of all the speeches of their spell-binders, from Mr. Bryan down. They pretend to believe that President McKinley is seeking to subvert the Republic, and to establish an Empire on its ruins, with himself as Emperor.

Now, what is this Imperialism about which they are making such a hue and cry? Upon what do they base their pretended belief in the existence of a conspiracy to overturn the Government? It all arises from the policy of our Government in its dealings with the Philippines. The Democrats object to the energetic efforts of the President to put down a rebellion against our authority. They would withdraw our forces, while under fire, acknowledge ourselves whipped, and turn over the Philippine Islands to the bandits who are now in rebellion against us, leaving the law-abiding natives and the foreigners resident there, at the mercy of a horde of infuriated savages. President McKinley has performed only his sworn duty. Had he done less, he would have been false to his oath of office, and those who now so mercilessly criticize him for vigorously asserting our authority, would have as loudly denounced him for inaction.

We derive our right to the Philippines from the treaty made with Spain. Whether or not the treaty, itself, was altogether desirable, ought not to enter into the discussion of the subject. That is a question about which intelligent men may honestly differ; but Mr. Bryan and the Democratic party are estopped, by their own acts, from opposing it, and from trying to shirk the obligations and responsibilities which it imposes. It will be remembered that when the treaty was pending in the Senate, and its fate was doubtful, Mr. Bryan hurried to Washington and urged his friends among the Democratic Senators to vote for its ratification. Although more than half of the Democratic, and two-thirds of the Populistic Senators, voted with the Republican majority, there was only one vote more than the two-thirds necessary for its confirmation. It is reasonable to suppose that the man who could dictate to and control his party convention at Kansas City was powerful enough to influence at least one vote in favor of the treaty. If, then, Mr. Bryan secured no more than this one, he was equally and directly as responsible for the existence of the treaty as President McKinley, and if blame there be, he must bear his share of it. The moment that treaty was ratified, the Philippines became the property of the United

States, and their inhabitants became subject to our authority. When, therefore, the President found a portion of them in insurrection, he was compelled to use force to suppress them. He had no discretion in the matter, unless he had chosen to disregard his oath. He has tried to treat with the rebellious natives. He has no right to offer them independence, but he has gone as far in his promises as his authority permits. He has been merciful and kind, but he has always insisted that they must lay down their arms. But the insurgents have refused to listen to him. They go on killing our soldiers and watching and planning for an opportunity to loot the city of Manila and massacre its inhabitants. They demand independence, absolute and complete. This they will have or nothing. Their juntas keep them informed on the politics of this country. They know that one of the great political parties is denouncing the present administration for its efforts to put down the rebellion, and they are encouraged by the hope of Bryan's election to keep up the fight against our authority. The blood of our soldiers cries out against the hypocritical policy of the Democratic party.

Were they in power they could do no less than keep up the good work of President McKinley. The treaty imposes on us certain obligations which we can not evade. It is true the present Democratic party is not sensitive about keeping obligations, for the country has not forgotten that they are committed to the free coinage of silver at sixteen to one, and that, with this silver worth forty-five or fifty cents on the dollar, they propose to pay off the Government's obligations, and to allow other debtors to likewise rob their creditors. The sixteen to one proposition is a domestic affair. Other nations could not interpose an objection if our Government were to commit itself to that folly. But with the treaty it is different. Other nations besides Spain are affected by its provisions,and, if we can imagine a Democratic administration base enough to repudiate a solemn contract entered into with another nation, we can readily understand, if that party were in power, and should carry out their expressed purposes, that they would get us into entanglements and complications that would make our present difficulties in the Philippines seem like child's play. The treaty provides "that the United States will for ten years admit Spanish ships and merchandise to the ports of the Philippines on the same terms as ships and merchandise from the United States." It also says "that Spanish subjects now in the Philippines may stay there ten years without relinquishing their allegiance to Spain." It provides further "that the inhabitants shall be secure in their religion, and that church property shall be protected." It provides also "that the civil rights and political status of the inhabitants shall be determined by the United States." Ah, but the Bryanites say no such stipulations should have been made. Suppose we grant it; what then? They were all in the treaty when their great leader worked to ratify it, and objections to the same should have been made then, when the defects in the treaty could have been removed, and not after it had been ratified, and thus made unchangeable except with the consent of Spain.

Suppose we should withdraw, as is proposed; how could we, except by force (and this is what the Democrats object to) keep our promise to admit Spanish ships on equal terms with our own? How could we, except by force, guarantee the Spanish subjects security without forfeiting their allegiance to Spain? How could we keep our promise that church property should be protected, and that the inhabitants should be unmolested in their religion? Should we withdraw from the Islands we would be legally responsible to Spain and other nations for any violence to their subjects on the part of the natives, and to restrain them, we would be compelled to keep a military force there, just as we are now doing.

The stipulation in regard to the determination of the civil rights and political status of the inhabitants we can not evade. This obligation rests upon us, and we can not, if we would, shift it or transfer it elsewhere. Our title to the Philippines is derived from the treaty. It is as valid as was our title to the lands comprised in the Florida or Louisiana Purchase, or to Alaska or the

Hawaiian Islands. Mr. Bryan and more than half of his partisans in the Senate favored this treaty, by which our title is acquired, and yet he and they prate about the "consent of the governed," and denounce our occupation of the Islands as highway robbery. If highway robbery was committed, Mr. Bryan is *particeps criminis*, and therefore, when he denounces McKinley, he accuses himself.

This generous man, the noble, high-minded Bryan, announces that "a harbor and coaling station in the Philippiness would answer our every trade and military necessity." These he would keep—that is, he would hold on to Manila, the choicest and richest part of the Islands, and generously permit the natives to own the balance, and he bases his right to this appropriation on our "*military and trade necessities.*" He denounces the whole transaction (which he helped to make) as highway robbery, yet acknowledges he would participate in the theft, taking to himself the most valuable part of what he claims to be stolen property. This is the generosity of the footpad, who holds up his man and takes away his valuables, but spares his life and such of his property as he has no desire or "necessity" for, and then praises himself for his magnanimity.

Imperialism cannot come from the use of force to uphold law and order in the Philippines, or wherever else our authority may extend. If it comes at all, it will be from the practical application of some of the doctrines of Bryan, Altgeld, Tillman, and their congeners, who are now begging the people to put them in control of the Government. These men are committed to the Government ownership of "railroads, telegraphs and other means of transportation and transmission of information." These properties can be acquired in one of two ways only—by purchase or confiscation. The impossibility of raising by taxation the billions and billions of money requisite for their purchase makes confiscation the only alternative. This would not only be robbery, but it would be an annullment of the Fifth Amendment to the Constitution, which provides that private property shall not be taken for public use without just compensation. But this is not all. It would mean the addition of more than a million Federal office-holders to the vast number we now have. Office-holders under their régimé would all belong to their party, for in the Chicago platform one of their most savage pronouncements was against civil service reform. Let, then, this party once get control of the Government with such a vast army of office-holders, and there is no power on earth that they could not defy. They could reply to public complaints of misgovernment as did their once great leader, Boss Tweed, of New York, "What are you going to do about it?" Here is the real Imperialism which menaces the country, and it comes from the party which is shrieking "Imperialism!" just as often as we see the man who has, himself, stolen the goods, crying at the top of his voice, "Stop thief?"

Mr. Bryan's attitude on this question is characteristic of his tortuous mind. "Imperialism," "Militarism," "Consent of the Governed," and his other similar platitudes *are intended only to keep the people from thinking of Bryanism* and all that that word means.

Some foolish mothers, when their children are disposed to be willful, are in the habit of telling them that if they do, or do not do, such and such a thing, that the bogy man will get them. Imperialism is simply a bogy man which Mr. Bryan and the Democratic politicians have conjured up with which to frighten the timid and ignorant. It exists only in their imagination, and after it has served their purpose in deceiving the people into voting for them, after their prophecy of the overthrow of the Government has proven false, as have all their other dire predictions in the past, they will invent some new bugbear, and start out on another campaign of deception.

Gravel.

Dr. H. G. Leisenring, Wayne, Neb., can speedily rid the patient of this trouble with the aid of Lithiated Hydrangea. Reports a case where the urine was loaded with sand, cured with this remedy.

Inquiry Department.

Cerebro-Spinal Neuroses.

QUESTION:—Have been laid up for the past seven months with a badly sprained spine, gastric indigestion, nervous prostration and a side trouble which causes more suffering than the other difficulties combined. The spine is much better, but not yet in condition to permit my sitting up more than two or three minutes at a time, without causing fainting. When I get faint it seems almost impossible to overcome it. Had frequent sinking spells for some months after spraining the spine. The right side of spine directly over the hip-bone, and also near the region of right kidney gains very slowly. Have Alcock's porous plaster over the spine, which relieves distress and acts as a support.

Indigestion better, but gains exceedingly slow. Nearly everything in shape of liquids ferments, cold water especially, unless acids are used in the water, and then, although phosphoric acid usually quiets the over-abundance of gas, it seems to literally "skin" the stomach, no matter how weak I take it. Stomach very tender internally, and at times seems raw. Gastric eructations, hot and distressing, but not so frequent as formerly.

There is a constant pulsation over the region of the stomach, more particularly perceptible on the left side. Seems to be situated fairly under the left ribs, beginning a trifle below and to the left of the pit of stomach, extending to center of abdomen. The pulsation is accompanied by a nervous sensation, and what might be termed a "thrill," not painful, but greatly distressing, beginning in the side and affecting the entire body like waves of electric shocks, aggravating in the extreme. Causes a nervous pulsation up the back of neck and head on the left side, also affects the extremities, producing a quivering, prickling sensation. Causes great distress, usually when I am trying to go to sleep, rendering it often necessary to take a sedative to assist in overcoming the distress sufficiently to allow sleeping. Usually when trying to go to sleep I feel like a frail bark on a storm-tossed sea, tossing up and down, to and fro, so rapidly as to be in danger of immediate capsizing. Seem to swing to and fro in mid-air, then come up suddenly with a jerk which seems to take all wind out of my sails, and sleep vanishes as by magic. Then, how I suffer!

Sometimes I spend a whole night in absolute torture, no sleep; not because I am not sleepy, but because of the intense suffering. There is no pain, just that irregular pulsation, sudden hard beats, quivering, torturous "thrill." I can not describe it, words fail utterly. Pressure will ofttimes relieve sufficiently to enable me to fall asleep; then if I stay asleep I have good reason for thankfulness.

The suffering is most strongly realized when I am reclining, less sensitive when sitting or actively employed. For seven months I have been obliged to recline, suffering constantly with this side trouble until it seems as if my supply of endurance is getting very low. It is a life of constant torture, and if anything can be done to relieve the suffering, my gratitude will know no bounds.

Some years ago, and for some time, I was very ill with cerebro-spinal nervous prostration, derangement of liver with its attendant constipation, and gastritis of the stomach. It was during this illness that my side trouble came. So it is a chronic case of some fifteen or twenty years' standing. I think the long illness to which I have referred was the result of inflammatory fever and over-study at school. Have never entirely recovered from this illness, although my general health was much improved for four or five years previous to my recent—present—illness. Over-doing caused recurrence of nervous prostration.

My side is less troublesome when stomach and bowels are in normal condition. I suffer much more when either organ is inflated with gas, and especially when the stomach is overcharged with acid.

Am greatly emaciated, weighing possibly sixty-five or seventy pounds, certainly not more. Average weight one hundred and ten. Am thirty-eight years old. Menstruate regularly and naturally, suffering no menstrual pains. Seldom have headache; mind usually clear and keen. Pulse usually quick, regular at times, and at times irregular; tongue frequently coated with what my father calls a "dirty white fur;" shows indentation of teeth in the morning—frequently swells; excessive use or otherwise having no effect so far as enlargement of the tongue is concerned.

Stool offensive, frequently dark green. Have bowels moved at least every other day. Cathartic prostrates me greatly, causing much distress of spine, stomach and side. Slight soreness over region of liver. MISS J. M. P.,
Mich. Daughter of J. P., M. D.

ANSWER:—Above all things, get fat. Force digestion with frequent small appetizing dishes. Use Cactina Pillets (two) four times daily, to control heart. Take diastase three grains three times daily, with teaspoonful doses pure olive oil.

℞ Peacock's Bromides.....4 ounces.
Listerine.....4 ounces.
M. Sig.: Teaspoonful three times daily, the last dose at bedtime.

A cold sponge bath followed by *massage with olive oil*, paying especial attention to the muscles of back and along spine. Keep up this treatment until nutrition markedly improves, then add one-half grain doses sulphate of iron.

Cultivate calmness and self-control. Measure your vitality, calculate its expenditure with economy and foresight. Husband your resources. Avoid extremes. Be alone a good bit. Do not be impulsive. Harden yourself by force

of will. Be as commonplace and matter-of-fact as possible. Cultivate reason and let imagination go to seed for awhile. Do not read crank health literature.—ED.

Granular Cystitis.

QUESTION:—Male, aged forty-two. Married, father of six children, all healthy. Medical man by profession, and in charge of a large district which necessitates both walking and riding to a great extent while on tour. Has been suffering for past seven years from bladder trouble. As a child, suffered from weak bladder. At age of sixteen, one day straining at stool felt something stick in urethra, and after violent efforts, what looked like a piece of raw beef, about half the size of a marble, was passed. A week after, small pieces of pus, the shape of half peas, were passed on straining, and pain was felt at the end of micturition, and at neck of bladder; subsequently, shreds of pus and mucus were passed. Was under no treatment for this, which gradually passed off, leaving only a slight pain at end of micturition, and occasionally a slight discharge of pus and mucus with urine.

At age of nineteen, and subsequently, contracted gonorrhea twice, the first attack being rather severe, accompanied with excruciating pain, and a discharge of blood and pus. This subsided under treatment. Used to eat everything, and occasionally took whisky or brandy without harm. Married subsequently. No inconvenience or pain experienced during intercourse.

In 1896 suffered from an acute attack of cystitis, brought on probably by taking a little too much whisky at a dinner at a friend's house. The attack was very severe, urine was passed in drops, and much straining and pain, as if a knife were being plunged into the part. Agony was great. Pus and mucus mixed with blood were discharged in small quantities. Attack subsided after ten days' rest and treatment. Since then has taken no liquor of any kind, but used to smoke heavily (thirty cigars a day). Some time after subsidence of this attack passed No. 8 catheter and found the whole of the urethra very sore and painful. Had to use cocaine before passing catheter; otherwise, impossible to do so. Found a stricture about four inches from meatus, and further down, about one-half inch from neck of bladder, the catheter (G-E) came on a very sore and tender spot which spasmodically closed on the catheter and provoked acute pain, till the catheter passed and entered the bladder. The neck of the bladder was also involved in the inflammation and ulceration, which has apparently spread to other portions of the bladder itself. Urine always acid in reaction, and which has a tendency to increase, in which case the irritation in the bladder and urethra caused after passage of the acid urine causes intense pain and irritation. This is also accompanied by a dull pain over pubis, and a feeling of intense heat at perineum.

Believes he has chronic cystitis, ulceration and inflammation of neck and adjacent parts of bladder, ulcer in urethra about one-half inch from neck of bladder, which it involves, urethritis (chronic), and enlarged prostate (not to any extent).

Lived on farinaceous foods for a month; eschewed coffee, tea, sugar, meat, sweet fruit—but no effect, urine still acid as usual. Has given up smoking for past eight months. Has never suffered from dyspepsia, rheumatism or syphilis. Suffered from tobacco heart, and had to give up smoking. Occasionally now suffers from bradycardia. Cactina Pillets helped much, and in fact saved life.

Tried all kinds of treatment; catheter twice a week, and bladder washed out with weak solutions of following: Acid boracic, borax, Condy's fluid, corrosive sublimate, Kennedy's White Pinus Canadensis, Listerine—also tried local medication to the parts affected, by using Christy's Antrophors, ten per cent iodoform, but ineffectually. Procured one of Valentine's irrigator, and used same for flushing bladder thrice a week, instead of catheter. All this had to be done after first cocainizing bladder till bladder and urethra got habituated to use, and the cocaine was omitted. Even weak injections caused intense smarting at the onset.

Sexual functions are not interfered with; in fact, sexual ardor is increased, and on any excitement a thick, viscid fluid, clear and transparent, exudes from meatus, probably from prostate. Rest disturbed frequently, almost every one-half to one hour having to get up to micturate. Urine at times clear, and quantity fair, straw color, at other times muddy, and depositing pus and mucus, and dark colored but always acid, and very much so in the latter case.

Sleeps badly the first part of the night, but rest generally fair after two A. M. Bowels regular, appetite good; has kept fairly good health otherwise. Has had malaria. "BURMA."

East India.

ANSWER:—

℞ Atropiæ Sulph ..... ¼ grain.
Bromidia ..... 2 ounces.
Lithiated Hydrangea ..... 6 ounces.
M. Sig.: Teaspoonful three times daily.

Give also twenty-drop doses tincture salix nigra aments three times daily.

Inject the urethra and bladder morning and evening with a *saturated solution of epsom salts*. May be weaker at first if smarts. Has made quite a reputation as a topical remedy to cause absorption of stricture and cicatricial tissue. Very hot sitz baths and biweekly purge with salines. Drink freely of infusion slippery elm. Eat bland oleaginous substances, broths, etc. Avoid rich and highly concentrated foods.

After giving above treatment for two or three weeks change to Sanmetto. Lithiated Hydrangea teaspoonful four times a day for several weeks.—ED.

Endometritis.

QUESTION: Patient, female, married, aged thirty-three years, mother of four living children. Family history not good. Her mother died with something like chronic empyema, or consumption, and one of her aunts died with consumption.

She had a miscarriage last September, and has not seen a well day since. Previous to that time she had been passing pus through the bowels. When I first saw her about two months ago, I found her in the following condition: Very sore and tender over region of womb, back hurting very bad, temperature 102° F., pulse one hundred and twenty, very weak and emaciated, no appetite, bowels moving fifteen to twenty times a day, with some pus.

Menses have been fairly regular. She has not menstruated for about seven weeks.

I find a very high degree of endometritis, with ulceration and enlargement of the entire organ with a muco-purulent secretion.

The patient has had a persistent cough for over a month, with scarcely any expectoration. Temperature never over 100° F. Pulse about one hundred and eight to one hundred and twenty. The countenance assumes an ashy grey color.

I have very carefully examined the rectum, the lungs and uterus, and find all these organs normal except the uterus.

The patient has begun to chill now, and sweats very profusely. Takes spells of coughing, and will cough for five or ten minutes before stopping, then she will break out in a cold sweat all over.

Have used glycerine tampons, with Pinus Canadensis for a local application to the womb. Have given iron, strychnine, arsenic, ergot, etc., internally, with but little effect. Have also used local applications up the bowels, but the patient seems to be gradually growing weaker, and the cough more persistent. Her tongue is clean and appetite good. I have not dilated nor explored the inside of the womb. What seems so strange to me, in this case, is the persistent cough and night sweats with a constant pain in region of bowels and uterus. No elevation of temperature. She is very sore over regions of stomach and liver. This woman has been under treatment over eight months by different physicians, and has improved but very little. I am very anxious about the case, and would like to have the Editor's opinion and his treatment. Also to hear from any other brother doctor who will respond. DR. L.

Ripley, W. Va.

ANSWER:—Give a wineglassful of saturated solution epsom salts every morning before breakfast. This is important.

℞ Tinct. Ferri Muriatis..... 1 ounce.
Tinct. Ipecac ....30 drops.
Pot. Chloratis ..... 2 drachms.
Chionia..... 2 ounces.
Aletris Cordial ..... 5 ounces.

M. Sig.: Teaspoonful three times daily.

Feed frequent small lunches of the most digestible food you can find and give tablespoonful doses equal parts Seng and Elixir Lactopeptine after each. Have her sponged with acidulated water and rubbed with olive oil.

There may be an abscess discharging through bowel, an ulcer, or *mesenteric tuberculosis*. Cough and sweats reflex neuroses from bowels. Large mustard plaster over abdomen may help vitalize them. Ecthol will help you, too. Give it freely. It is invaluable as a vitalizing agent in depraved blood statis.—ED.

Diagnosis and Treatment Wanted.

QUESTION:—Mrs. C., age fifty-two years, married, no children; passed the change of life two years; very delicate and timid. Says that she was never right in her menstrual periods. Duration only two days and insufficient, only a stain, connected with severe misery at these periods.

At the age of twenty-five years she had what her physician called "dry dyspepsia." Says she would bloat, and swell over stomach and bowels to an enormous size. This condition lasted some four or five years, when she began to "spit up her food," with gradual improvement, and the symptoms disappeared, except a soreness, noticeable on moving, situated in upper portion of small intestines.

Says her mind the past two years has been very bad. Acted similar to an insane person.

The present attack began some six or eight months ago. First, a swelling of abdomen, which gradually enlarged until it caused some difficulty in breathing, connected with an indigestion, with flatulency, rumbling of bowels, nausea, etc. Says nothing seems to hurt stomach but apples. Has bearing down expulsive pains in pelvic region. Pains radiate to lumbar region and to hip. Worse at present on right side. Has numbness of both legs. Burning, aching sensation on micturition. Seems to be an obstruction in urethra. Urine slightly cloudy on standing. Specific gravity, 1020. The feet and legs have lately begun to swell. The swelling, I think, is ascitic fluid. You can relieve it by reducing the portal circulation, but it soon fills up. The patient is much emaciated and weak. Skin looks ashy, rough and scaly. At times she feels very well, at others she suffers a great deal. The nervous system is bad. Suffers from headache, insomnia, etc. Pulse variable, eighty-four to ninety-six; temperature also.

On examination of uterus I found it fixed, immovable and hard as a board. Seems to be nodular, resembling a hard mass. Parts friable, and a thick, ichorous discharge. Seems to involve bladder. Externally, found womb very tender and sore. Could make out hard masses, the size of a small egg. Has had leucorrhea.

Evans, W. V. H. W. C.

ANSWER:—Likely that an impacted colon is the source of the abdomino-pelvic trouble. Empty it thoroughly.

Use enemas, medicine, instruments, fingers, whatever is necessary. Don't stop until you are getting moist, yellow, formed or liquid stools. When this is accomplished, give a drachm of epsom salts each morning to drain abdomen, and have patient rubbed every night with olive oil.

After she is well cleaned out, and a little vitality has been rubbed into her:

℞ Elix. Ferri, Quininæ et Strychnæ Phos.....3½ ounces.
Tinct. Cimicif.....½ ounce.
Aletris Cordial.....4 ounces.

M. Sig.: Teaspoonful three times daily, in alternation with thirty drops aromatic spirits ammonia.

Use tampons wet in Kennedy's Dark Pinus Canadensis to os uteri. All pelvic structures boggy with plastic exudate. All measures useful which tend to improve circulation and promote drainage.—ED.

Uterine Congestion, With Nymphomania.

QUESTION: — Patient, female, single, aged twenty-three years; has been suffering from diseases of genito-urinary organs for over a year; was never strong, but seldom sick in bed; has always taken tansy tea to bring about menses; menstruation dark colored, sometimes clotted, with foul odor, lasting about eight days.

Some time ago was attacked by nymphomania (cause unknown), and resorted to onanism for relief. This made matters worse and was immediately discontinued. Did not indulge more than six or eight times, and this was nearly a year ago, but patient seems unable to recover. Disease has a tendency to recur while asleep, occurring several times per week, then misses several weeks and recurs again. Has to urinate large quantities a number of times during day and night. Urethra is inflamed and urination difficult. Has ovarian pains, and all common symptoms of onanism and nymphomania. When tea is not taken to bring menses, goes over her time, complexion turns brown with dark splotches, followed by sickness, vomiting, "turning blind," and difficulty in urinating. This continues until menses appear. Is very badly constipated. Never stools without medicine. Also has catarrh of head and ears.

In disposition is naturally proud-spirited, with nervous, melancholic temperament. Of quiet tastes and studious habits, but has become listless, incapable of fixing attention to useful studies; has capricious memory, want of energy, wishes to be alone. Has cold feet and quick apprehension of cold, with occasional hot, nervous flashes. Is thoughtful, dissatisfied, cries without cause. Sleep is unrefreshing, attended by sudden starting and fear. Objects to confidence; seems to control nymphomania by force of will, but suffers greatly from continued presence of men. Does everything possible to recover, but has little hope, and has tried to commit suicide. The evil effects of the disease, together with grief and shame occasioned by it, may bring insanity. She is too poor to do much doctoring.

I am a medical student, an old friend of the patient, not far enough advanced to prescribe for the case, and would like help through the BEE.

Mo. STUDENT.

ANSWER:—

℞ Ammonii Chloridi.....1 ounce.
Tinct. Salix. Nigræment.....2 ounces.
Aletris Cordial.....6 ounces.

M. Sig.: Teaspoonful three times daily.

Give, also, tonic doses of bitter wine of iron, and use equal parts fluid extract cascara sagrada and Chionia, in dose sufficient to move the bowels regularly.

Apply flying blisters over the sacrum.

The urinary trouble is probably secondary to the uterine congestion, and will disappear as that is relieved. If not, cure it with Sanmetto.

Hot Sitz baths and massage will aid this case.—ED.

Residual Urine.

QUESTION: Patient is seventy years old. Strong and robust for a man of his age. Has suffered from cystitis for the last few months.

Considerable pain on urinating. Urinates frequently—passing from a few drops to a tablespoonful, followed by burning sensation in end of penis. Feels very well for a few days, then gets worse—that is, desire to urinate becomes more frequent. Urine, when let stand a few hours, shows great abundance of stringy mucus. Recently has had slight chills every other evening followed by fever. Vomited some. No headache, but complains of pains around hip, and a flash of pain passing over body. No appetite. Rests poorly at night; drinks but little water. Bowels regular. Has enlarged prostate. V. H. K.

Mo.

ANSWER:—Purge patient well with calomel and salts. Repeat the salts every other morning. Apply mustard plaster to small of back and over pubes, and let draw for a time. Very hot hip baths followed by massage with oil to lumbar, sacral, gluteal and perineal regions. Use Sanmetto, adding ten grains citrate potash and a quarter drop tincture ipecac to each teaspoonful, and give three times daily. Give Bromidia in hypnotic doses every third night.

Control rigors with thirty-drop doses aromatic spirits ammonia and one two-hundred and fiftieth grain atropia sulph. Compel patient to drink plenty of water. —ED.

Epilepsy.

QUESTION:—Case of epilepsy—grand mal, female, aged nineteen, married, pregnant, expects to be confined in November. Had first attack one year ago. No hereditary taint. Seemingly healthy every other way. I began treatment a year ago by giving her Iodia, one bottle. She had dyspepsia, for which I gave her Seng until relieved. For torpidity of liver, I gave her Chionia, followed by Celerina and Peacock's Bromides. This treatment kept off the attacks for seven and one-half months, when they returned, I gave one more bottle of the bromides, and while taking, the attacks were of a lighter character.

Temperament bilious, stature medium.

Ind. T. I. P. GREENE, M. D.

ANSWER:—Give an ounce of castor oil *twice a week.*

℞ Tinct. Cimicif.....1 drachm.
Tinct. Jaborandi ..... ½ ounce.
Chionia.....8 ounces.
Aletris Cordial.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful four times daily.

Examine the stools as well as the urine, to make sure that elimination is well performed.

Daily bathing, followed by gentle massage with oil and a small amount of regular exercise, will be very useful.

Muscular twitchings and mental irritability call for the free use of Peacock's Bromides. Minute doses tincture ipecac combine well with it.—ED.

Diagnosis Wanted.

QUESTION:—Patient, male, age eighteen years, single, farmer. Had never had any severe illness. Was taken sick three days before I saw him, and, in meantime, had a physician to see him, who pronounced his case malaria in a mild form.

I found him in the following condition: Rational, pupils normal, temperature 108° F, pulse at wrist imperceptible. Temporal pulse, one hundred and thirty. Extremities cold and in a clammy sweat. Head and body warm. Respiration hurried, short, and more or less labored. Bowels acted several times during the previous twenty-four hours; urine scanty and highly colored. Complained of constant pain in region of umbilicus; no pain anywhere else. Tongue very foul, broad, and a tendency to become dry and rough. Complete anorexia; occasionally emesis; liver and spleen normal in size. Abdomen greatly retracted. The abdomen was drawn as tight to the anterior wall of the back as if no cavity existed between them. It was shipshaped.

Patient very nervous and groaning from pain in abdomen.

He was in this condition from the time he was taken sick until he died, a period of five days.

I administered a dose of morphine, atropine and nitro-glycerine hypodermically, and in a short time patient was easier, respiration better and pulse perceptible at wrist. I also applied heat to the extremities and cold to head. Prescribed some powders of calomel, soda and ipecac, with the view of arousing the secretions, and nux vomica and digitalis to stimulate circulation. I saw him twice during the next thirty-six hours. There was no periodicity in temperature, no disease of heart or lungs, no symptoms of any brain or spinal disease. His symptoms gradually grew worse until death claimed him.

The most prominent symptom to me was the retracted abdomen.

What does extreme retraction of abdomen mean?

What was the matter with my patient? Did I do right in giving the hypodermic of morphine, atropine and nitroglycerine?

Osceola, Ark. CHAS. A. TURNER, M. D.

ANSWER:—We should say there was some pre-existent gastro-enteritis, with irritation and congestion of the spine and brain. He may have eaten something which poisoned him, or had a severe shock. You did not see him until he was practically moribund. It seems like leukomain poisoning.

We should have applied large, hot linseed poultices over abdomen, with mustard plasters to base of brain and down spine. Then we would give tablespoonful doses of equal parts Peacock's Bromides and Ecthol, with ten grains ammonium carbonate every four hours.

Retracted abdomen means spinal irritation.—ED.

Gleet.

QUESTION:—Patient is developing a stricture. Urethra appears to be closing up about an inch or so back of meatus. There is a little discharge every morning, and a slight burning sensation on passing water. Disease makes no progress. Is of two years' duration. Has had gonorrhea several times, resulting in this trouble on the last occasion. Has had a variety of injections, with little benefit. Urine flows freely.

Mo. F. M. B.

ANSWER:—Urethral glands involved in chronic inflammation. Inject syringeful of Ecthol morning and evening. Soak penis in hot water, made alkaline with borax, each morning. Take teaspoonful Sanmetto, to which add ten grains ammonium benzoate, three times daily. Two or three times a week take purgative dose epsom salts before breakfast. Daily bath, exercise, temperance in eating, drinking, smoking, etc. Persist in treatment. Capscine plaster to small of back.—ED.

Epithelioma of Tongue.

QUESTION:—On August 8th, 1900, I had a warty epithelioma removed from the end of my tongue, and I am very much alarmed for fear it will return. What is the best treatment to prevent the return? It was there about three months. Came once and went away, then came again about six weeks ago.

I do not think the glands of neck are involved. They are sore some now, but I think it is from the operation.

Oxford Junction, Iowa. L. K. Bovo, M. D.

ANSWER:—Take a swallow of equal parts Listerine and Ecthol several times daily, and hold in the mouth as long as possible. Internally, take equal parts Iodia and Ecthol in teaspoonful doses three times daily. Apply small flying blisters to nape of neck.

Tumor growths usually begin in an irritation of the nerves supplying the affected part. Improve innervation and nutrition. Caustics and the knife too often tend to stimulate growth. If you smoke or chew, stop it for a time. Also have a dentist examine teeth for jagged edges and other sources of irritation. Avoid condiments and highly seasoned foods.—ED.

Morphine Habit.

QUESTION:—I am sixty-two years old, and a practitioner of medicine for thirty years. I have for ten years been a great sufferer from rheumatism, and unfortunately the doctor who treated me ten years ago in my first attack plied me freely with morphia hypodermically, and laid the foundation for the morphia habit. By my indomitable will power and proper measures I cured myself for three years. I again suffered from the disease which had become chronic, and somehow I got into the morphia habit again. A second time I fought the fiend, as I thought, to a final finish, but suffered the torments of the damned in "Dante's Inferno."

Several years passed when another attack of rheumatism brought a repetition of the same experience, with another hard-earned victory over morphia. Free again until about four months ago my teeth, which had served me so long and so faithfully, began to decay and ache. Dentists failed to give ease, so again it was morphia; now I am free again, but of course the hardest fight of all.

Yesterday in order to arouse the torpid secretions I took three or four grains of calomel, which brought away up to-day noon five or six bilious tarry evacuations, but since my discharges are foamy, griping and constant uneasiness of my bowels. I am quite weak, fair appetite, though always good digestion; insomnia of course, but not an ache or pain left from morphine. For three or more days I took hypodermically one-thirtieth grain of strychnine, but I stopped it because of my relaxed bowels.

Am of short build, five feet eight inches, full-chested, weight summer and winter from one hundred and sixty to one hundred and sixty-five pounds. Never in my life have used at all malt, alcoholic or vinous liquors, but tobacco to an inordinate degree.

I greatly admire and give the preference to the BRIEF over all other journals. H. F. P.

Texas.

ANSWER:—The bowel trouble, of course, is simply a neurosis, common after the removal of morphia. Keep bowel aseptic and take a nerve tonic and blood-builder.

℞ Elix. Lactopeptine.....4 ounces.
Listerine.....4 ounces.
Celerina.....4 ounces.
M. Sig.: One to two teaspoonfuls three times daily.

Also half to one teaspoonful doses of Fellow's Syr. Hypophos. Co.

Wear a flannel binder over abdomen.

When bowel trouble under control and some strength regained, take three to five grains ammonium iodide in drachm Lithiated Hydrangea, hot-air baths, with oil massage, indefinitely, until rheumatic poison thoroughly eliminated.—ED.

Gonorrhea.

QUESTION:—Kindly inform me in your next month's issue as to the following:

1. What is the best cure for a long-standing case of gonorrhea, or gleet, in some cases called "posterior urethritis?"

2. Can this disease become serious if neglected?

3. How can I find out if disease is thoroughly cured?

4. Injections of nitrate silver, six to ten grains to ounce, were used in graduated strength. Sounds were also passed, but without any result.

New York. OLD SUBSCRIBER.

ANSWER:—

℞ Sanmetto.....8 ounces.
M. Sig.: Teaspoonful three times daily.

Use brief, very hot, sitz baths daily. Every other morning a purgative dose of epsom salts to drain pelvis.

℞ Kennedy's Dark Pinus Canadensis, 1 ounce.
Listerine.....½ ounce.
Aquæ.....6 ounces.
M. Sig.: Inject night and morning.

Rub the lower part of spine with stimulating applications.

2. Yes. Disease spreads, conditions become intensified, and affected structures are progressively devitalized.

3. Healthy local reflexes, especially the cremasteric, and the occurrence of *normal* conditions.—ED.

Grip Sequela.

QUESTION:—Ella C., aged twenty-one. Began menstruating at the age of fifteen. Blonde, tall and slender. Always well up to the age of nineteen. At this time weighed one hundred and thirty-five pounds, and was stout and full of energy. Family history good.

Attended country schools up to her nineteenth year, and seemed to have no inconvenience from her school work. At nineteen started to college. In about three months from beginning of college work began to feel badly and lose flesh. Contracted heavy cold. Doctor diagnosed la grippe, which lasted ten days. Had high fever one week. Did not recover entirely from this. Had cough about six months. Appetite remained poor. She lost flesh and was weak. Continued her studies the best she could through the year. Was sick all the following summer. Continued weak, and had no appetite. Had headache by spells, coming on every week. Her throat becomes sore when she takes cold since the spell of "grip." She continued to lose flesh up to four months ago, when she weighed one hundred pounds. Took treatment from different doctors. They never restored her periods.

Four months ago she consulted me for her troubles. I put her on general and uterine tonics. She has gained flesh, now weighing one hundred and eleven pounds, but her periods are not restored. What can I do for my patient, and what is her trouble?

I have been a reader of the BRIEF for many years and trust that the Editor and BRIEF family can help me out. G. W. L.

Westboro, Mo.

ANSWER:—There is a chronic congestion of cerebro-spinal centers with functional paralysis of vasomotor system. The condition is very common after grippe. The indications are to equalize circulation and tone up vasomotors.

℞ Tinct. Ferri Chlor..... 1 ounce.
Cactina Pillets.....100
Aletris Cordial .... 7 ounces.
M. Sig.: Teaspoonful three times daily.

In alternation half teaspoonful doses Syr. Hypophos. Co.

Apply a mustard plaster from base of brain all the way down spine and let it draw well. Repeat at intervals of several days. Also sponge the body with aromatic vinegar. Feed well and insure abundance of fresh air.—ED.

Syphilitic Dementia.

QUESTION:—I am at sea without compass. I want light, and will the Editor, or some of the family, give the desired information. The case I want help on is a young married man of thirty. He was an extra brilliant youth, and graduated in all the English branches with high honors. When eighteen years old he began cigarette smoking. He followed this for six or eight years, and about four years ago was overcome with heat in the burning of a town out West. A little time after this he had sharp, shooting pains all through the body, not confined to any particular part, and in a short time had something like a paralytical stroke, his limbs becoming numb and tangling a little. After this his mind became affected, and to-day he has no more mind than a four-year-old child. He is quiet, and talks most all the time, but is not intelligent. Will tell the same story over a dozen times if not stopped.

I am informed by his parents he also had syphilis when a single man, but was thought to be cured. Family of the best. No consumption, but several cases of suicide. Would you advise asylum?

Now I want to know what the disease is, and the best treatment to pursue. I will be greatly pleased to have some one throw some additional light on this distressing case.

G. W. PUMPHREY, M. D.

Excelsior Springs, Mo.

ANSWER:—It is doubtful if syphilis is ever *cured*, though the poison may be quiescent if the individual lives hygienically, and is careful to take some good eliminator, like Iodia, at regular intervals. The effects of heat-stroke are difficult to recover from, though the pains show that vitality is rising in the nervous system, and should be distributed to the organs and parts instead of pent up within itself.

℞ Ecthol.....4 ounces.
Iodia.....4 ounces.
M. Sig.: One to two teaspoonfuls three times daily.

Also give Chionia in teaspoonful doses three times day. At bedtime put him in a warm pack with cold applications to head. After he is well sweated, take him out, rub him with alcohol and put him to sleep.

Once or twice a week give him an ounce of castor oil. If not violent, see what treatment will do before sending him to an asylum.—ED.

Spinal Neurosis.

QUESTION:—Case of spinal irritability. Very nervous and restless. Tossing and tumbling in sleep, unable to keep still a minute. Sensations of heat, cold, prickling, numbness, etc. Patient well-nourished, growing girl of twelve. Any help gratefully received. E. D.

Mo.

ANSWER:—Give phosphates of iron and potash with drachm doses Celerina, and five to ten drops Ergotole four times daily. Have the back well rubbed with quinine in alcohol every night, paying special attention to nape of neck, between shoulders and small of back.—ED.

Undeveloped Sexual Organs.

QUESTION:—I take the liberty of asking your advice, through your always interesting journal. I have a case of deficient sexual development in the male. The patient is in good health, and earns his living entirely by literary work. His organs are healthy, apparently. Penis is simply undersized. He consults me on that score.

I want particularly to ask your opinion regarding the use of the vacuum appliances frequently used for the development of the penis, and if you advise against this, is there any other means that you know of, mechanical or otherwise, which will cause an appreciable increase in size? Would you recommend Sanmetto, which I see frequently mentioned in the BRIEF? And if so, does the continued use thereof derange the system? Also, from your knowledge of this agent, how long should it take to cause visible results?

I shall be glad to have a reply through the next number of the BRIEF.

Phila., Pa. OLIVER PAXSON, M. D.

ANSWER:—The vacuum method of development is, to say the least, *dangerous*. Sanmetto is very largely and successfully used for this purpose. It acts slowly and *naturally*, increasing the blood supply and therefore improving the nutrition of the parts. The *local* use of Ecthol—bathing the organ each morning—will assist the Sanmetto. Sanmetto can be taken for months without harm, if occasionally alternated with Celerina. The latter remedy is a fine nerve tonic, and affects the sexual powers very favorably. A moderate amount of daily exercise, especially such as calls for the use of the *legs*, must be taken, to aid the pelvic circulation. In the mental temperament there is a constant flux of blood to the brain, and other parts are likely to be defrauded unless this tendency is offset by muscular activity.—ED.

Hystero-Epilepsy.

QUESTION:—Woman, nineteen years old, married four months. Medium height. A little corpulent. Of hard-working family, and she worked on the farm up to the time she was married. She has spells in which she seems to die away. She stops breathing for about a minute. Is perfectly limber during the spell. Wakes up with a start. Does not remember anything about the spell. Heart beats regularly during the spell, and seems about as strong then as at other times. Suffers at times with pains in the head, pains in the back, pains in the belly like a band around it just below the ribs. Sick stomach. Right side, upper and lower limbs a little paralyzed, and have a dead feeling (she says). She grinds her fingers together.

About a month ago she had a spell in which her right side was a little paralyzed. But no such spells as these before. She suffers with shortness of breath; pains sometimes about the heart and breast. Suffers with dysmenorrhea; also has white discharges between menstrual periods.

It is now about time for her monthlies to appear. Please give me your ideas about this case; what you think the trouble is; when these spells will stop; the cause, the prognosis, and the treatment. Her urine is very acid.

Tenn. J. A. WATSON, M. D.

ANSWER:—We should call it hystero-epilepsy. Apply small flying blisters to nape of neck, temples, mastoid region, and over fourth dorsal vertebra.

℞ Aletris Cordial.....4 ounces.
Iodia.....4 ounces.
M. Sig.: Teaspoonful three times daily.

Apply cotton tampons wet in Kennedy's Dark Pinus Canadensis every other night. Remove in morning and use copious vaginal douche.

Feed highly nourishing food in frequent small quantities. Encourage her to idle and take life easily for a time. Bowels must be regulated, and massage will be helpful.—ED.

Undeveloped Sexual Organs.

QUESTION:—Will the Editor kindly give through the columns of the BRIEF his opinion, and if possible a remedy, for the following case: Young man aged twenty years, six feet high, weight one hundred and thirty-two pounds. Slight varicocele in the left side. Penis stunted and undeveloped. Causes him much worry. Never had gonorrhea. Family history good. Masturbated considerably until a year ago. SUBSCRIBER.

Baltimore, Md.

P. S.—What is the best treatment for the stunted and undeveloped condition of his organ? S.

ANSWER:—Give Sanmetto in teaspoonful doses, with one-sixtieth grain arsenious acid and one-tenth grain aloin three times daily. Keep this up, with short intermissions for six months or longer. Bathe organ morning and night in pure Ecthol. Develop the power of the lower spinal cord—which contains the erection centre—by various leg exercises, such as swimming, dancing, cycling, walking in the erect position. Exercises which call into play the muscles of buttocks and thighs are excellent in sexual atony. Never sit on the small of back with feet up or in any sprawling position for physiological reasons. Quit tobacco.—ED.

Congestive Chill.

QUESTION:—Mrs. J. was taken suddenly ill with no cause that I could ascertain, but became speechless and insensible. Upon close inquiry I found out that she had a chill, and afterwards became as one dead. After the other good doctors had pronounced her case hopeless, I was called in. I sent for one of the first doctors to see if I could gain a point in the case. He could give me no satisfaction, so I had to make my diagnosis in the dark.

I examined the heart's action and found it very weak. I injected a one one-hundredth grain nitro-glycerine tablet and waited results. In about an hour new life sprung up. I then gave by the mouth teaspoonful doses Peacock's Bromides, two to three hours, to control delirium. Later on, I gave by the mouth (for she could swallow) by force one-sixtieth grain strychnia tablets every six hours, which acted like a charm. I kept the liver going by giving ten-grain doses calomel four hours, for she was very costive.

Now, what I wish the good Editor of the grand BRIEF army to tell me is, who saved this good lady from an untimely grave?

Waller, Texas. J. P. CARRINGTON, M. D.

ANSWER:—You cured her, Doctor, and deserve great credit for it. A congestive chill requires prompt and energetic measures, and your treatment was excellent.—ED.

Dyspepsia.

QUESTION:—Please give a remedy for gastric indigestion, grinding pains, etc. Can not take acids or bitters, as they make the condition worse. Heart irregular and too rapid. Bowels regular. Patient thin but active and wiry.

Mass. J. H. B.

ANSWER:—Eat plenty of fats, well-done roasted and broiled meats, milk, eggs and foods in general which will make the stomach work in earnest and soak up the excessive flow of gastric juice. To eat little at a time and oftener, is sometimes the best plan in gastric neuroses. Take a tablespoonful of Seng before meals, and if pain, burning, etc., persists, use powders containing one-tenth grain calomel and five grains subnitrate bismuth, one hour after meals.

Two Cactina Pillets three times a day will control the irregular heart action.—ED.

Ivy Poisoning.

QUESTION:—Can you give reliable treatment for ivy poisoning? SUBSCRIBER.

Ky.

ANSWER:—Sweet spirits of niter and solutions of ammonium chloride are said to give satisfactory results.—ED.

Prolapse of Rectum.

QUESTION:—In case the rectum comes down every time a passage takes place, and seems to be irritated, and always obliges the individual to push it back in place, with a feeling of exhaustion following each operation of the bowels, will you be kind enough to give a remedy.

Washington, D. C. M. W.

ANSWER:—Use injections of Kennedy's Dark Pinus Canadensis, after each evacuation of the bowels, and give five-drop doses tincture collinsonia canadensis, with one one-hundred thirty-fourth grain strychnine arsenite three or four times daily. Also recommend the wearing of an abdominal supporter, with gymnastics for legs and trunk to strengthen the abdomino-pelvic structures.—ED.

Neoplasm.

QUESTION:—Some time since I wrote you in regard to a growth on my under lip. You advised Ecthol internally and externally; also one-sixtieth grain iodide of arsenic. I have used two bottles of Ecthol, and also the iodide of arsenic. See no difference except the little scab that forms quite regular, once a week, seems to be getting a little thicker and tougher and smarts a little more on taking off the dry scale, as I do once a week, as it feels uncomfortable on the lip; there is still no hardening or induration at base.

Please advise further, and if it comes to removal, would you advise the knife or some of Dr. Peny's plasters? W. A. L., M. D.

Neb.

ANSWER:—Stop taking off the scab. Keep up the treatment unless physiological intolerance of the arsenic arises. Then discontinue for a time. Take a small piece of lanolin and gently, but thoroughly, massage the tissues of lower jaw, chin and neck to improve circulation and get rid of waste products. Persevere and do not expect *rapid* improvement. Thin the blood a little with aperient doses epsom salts.—ED.

Cystitis.

QUESTION:—I want treatment for a case of ammoniacal cystitis in otherwise perfectly healthy woman. J. E.

Mich.

ANSWER:—Give Sanmetto, adding five grains benzoic acid to each teaspoonful, and wash out the bladder with solution ergotin four grains to the ounce. Dr. Price says this measure is invaluable.—ED.

Birthmarks.

QUESTION:—In the August issue MEDICAL BRIEF Dr. E. D. Babbitt, of San Jose, Cal., speaks of a successful method of removing, among other things, birthmarks by a concentration of the sun's rays.

Can you give me any further information on the success of this method of removing birthmarks, or refer me to any physician in St. Louis, Chicago, New York, Louisville or elsewhere, that has had experience and success in this method of treatment, or any other method?

If so, you will greatly oblige an appreciative reader of your medical monthly.

Nashville, Tenn. W. F. T.

ANSWER:—We have had no experience with the method of Dr. Babbitt. The skillful use of the electric needle is quite successful. Make the treatments at considerable intervals, and treat a very small part of the mark at a time. Cataphoresis might be tried. If a scar results from the needle, keeping it wet in a saturated solution of epsom salts is said to remove it.—ED.

Sexual Neurasthenia.

QUESTION:—Patient is nineteen years old. Rather small. Black hair and blue eyes. Appetite moderately good. Bowels a little constipated at times. Does not sleep well. Dreams all night. Very gloomy—despondent. Says he has a dread of some impending evil. Feels afraid to meet strangers. Fears he is losing his mind, etc. Was guilty of self-abuse up to four or five years ago. Sexual organ rather small.

Ala. H. F. O., M. D.

ANSWER:—

℞ Vini Ferri Amari.....2 ounces.
Chionia .....6 ounces.
M. Sig.: Teaspoonful four times daily.

Alternate with drachm doses Celerina, containing two grains phosphate potash, three times daily.

Cold sponging followed by friction with coarse towel, moderate regular exercise, a congenial hobby and plenty of good society.—ED.

Vertigo.

QUESTION:—A full-blooded, perfectly healthy man, suffers occasionally from attacks of dizziness. Bowels are regular. What treatment would you advise? J. McC.

O.

ANSWER:—No alcoholics. Moderation in eating; no tobacco. Coffee and tea to be used sparingly if at all. Regular exercise in open air. A biweekly purge with epsom salts and two Cactina Pillets three times a day.—ED.

Painful Menstruation.

QUESTION:—Have long-standing case of spasmodic dysmenorrhea. Patient in fair way to become morphine-eater if something can not be done to stop these horrible cramps. Precede and follow the flow, covering about ten days. Uterus appears normal. D. R., M. D.

New York.

ANSWER:—

℞ Tinct. Cimicif..... ½ ounce.
Tinct. Jaborandi ..... ½ ounce.
Aletris Cordial.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily.

When cramps appear, make a ten per cent solution of cocaine in olive oil, saturate a wool tampon and apply to os uteri. Between periods of cramps, use tampons wet in oil *without* cocaine.

Patient should wear a pelvic supporter and avoid much standing. Apply flying blisters to sacral region.—ED.

Calamus in Wind-Pipe.

QUESTION: Some days ago a patient while chewing a piece of calamus, suddenly drew it back into the wind-pipe. All efforts to remove it have been unsuccessful. It seems to stick at the same spot, and produces a choking sensation. The piece is said to be about the size of a small pea. What would you consider the best method to remove it? It being very insoluble, I was in hopes it would come up.

Reading, Pa. W. S. HERR, D. D. S.

ANSWER:—Give ammonium chloride to set up an irritant cough, and so promote expulsive efforts. Inhalation of strangling vapors, as burning sulphur, will do same thing. Suppose you have tried emetics, lowering the head in stooping posture, slapping the back unexpectedly, etc.

Let us hear from others the best method of meeting such an emergency successfully.—ED.

Wry-Neck.

QUESTION:—Have obstinate case of torticollis. Head drawn to one side. Patient suffers much pain and inconvenience. Local applications, iodides, salicylates, etc., have done no good. Would you advise operation?

Kan. C. A.

ANSWER:—Before recourse to surgery, try thirty-drop doses fluid extract berberis vulgaris, in alternation with fluid extract cimicifuga, to ten drops every three hours. Massage the neck with turpentine in oil and bandage with flannel.—ED.

Deficient Lactation.

QUESTION:—What shall I do to develop breasts of prospective mother? Mammæ almost infantile in appearance. Was unable to nurse first child. J. D., M. D.
La.

ANSWER:—Give teaspoonful of Sanmetto three times daily. Massage breasts very gently with olive oil every day.—ED.

Gall-Stones.

QUESTION:—Is there anything which will prevent the formation of gall-stones in frequently recurring bilious colic.
Ill. YOUNG PRACTITIONER.

ANSWER:—Try

℞ Sodii Salicylatis ..... ½ ounce.
Seng ..... 3 ounces.
Chionia ..... 5 ounces.
M. Sig.: Teaspoonful three times daily.
—ED.

Nasal Catarrh.

QUESTION:—Please let me know, through your valuable columns, which you think best to use (in case of catarrh of head and throat) of Kennedy's Pinus Canadensis, the white or dark, and by so doing you will greatly oblige an old subscriber. M. L. C.
Ill.

ANSWER:—Use the dark.—ED.

Facial Neuralgia.

QUESTION:—Have obstinate case facial neuralgia. Have exhausted tonic and alterative treatment. Can you make any suggestions?
Ind. R. S., M. D.

ANSWER:—Give ounce of castor oil. Follow with ten-drop doses of Ergotole and one Pil. Quin. Dad three times a day.—ED.

Scalp Neuroses.

QUESTION:—Please give remedy for excessive and annoying sweating of head in otherwise healthy man. D. E., M. D.
Tenn.

ANSWER:—Give half teaspoonful doses Fellows' Syr. Hypophos. Co. three times a day. Add a drachm of quinine to a sixteen ounce bottle of Listerine and bathe the head, rubbing scalp gently, night and morning.—ED.

Coughs of Old People.

QUESTION:—Can you suggest a treatment for senile cough which will not contain morphine, and oblige JOH. E. C., M. D.
Tex.

ANSWER:—Give a large purgative dose of epsom salts. Then give nitro-glycerine reinforced by Cactina Pillets (two) four times daily. Senile cough is often a cardiac cough.—ED.

Dysentery.

QUESTION:—We are having an epidemic of dysentery, of a very malignant type, and the usual remedies do not seem to control it to much extent. I would be glad if you would give the best treatment for this disease.
Campton, Ky. J. H. STAMPER, M. D.

ANSWER:—Make a saturated solution of epsom salts, and give a wineglassful three times daily.

℞ Acid Carbolic ..... 1 drachm.
Tinct. Iodini Co ..... 8 drachms.
Glycerini ..... 4 drachms.
M. Sig.: Four drops well diluted every three hours.

Also one one-hundred-and-thirty-fourth grain strychnine arsenite every two, three or four hours as indicated. Counter-irritation to dorsal spine, and hot turpentine stupes to abdomen. Hot bottles to feet. Let us hear from others.
—ED.

Malarial Aches and Pains.

QUESTION:—What is the simplest and best treatment for malarial aches and pains?
YOUNG M. D.

ANSWER:—As the liver is usually more or less torpid, give one teaspoonful of Chionia, and *one* Pil. Quin. Dad. *three* times a day.—ED.

[Written for the MEDICAL BRIEF.]

Marriage.

BY JOHN DIXWELL, M. D..
Boston, Mass.

Reading the article on marriage in MEDICAL BRIEF of August, 1900, I thought it might interest you to know these few brief facts in my experience:

In the early seventies I offered to the Massachusetts State Board of Health (the head of which was my old uncle, Dr. H. S. Bowditch) the suggestion that no license certificate of marriage should be issued for parties, wishing to be married by any authority, after a certain date, unless the contracting parties could produce a fair bill of health, a law to be passed to that effect. I received a pleasant but valueless reply praising the idea, admitting the necessity, but calling the suggested reform too Utopian.

Never since then during the busy years of professional work have I doubted that the plan was right, feasible, and one that would some day be put in force. It is much more of public use than the very mischievous one about consumptives, lately passed in many places.

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Pil: Phosphori, 1-100 gr.; 1-50 gr. or 1-25 gr. (W. R. Warner & Co.)

Dose—One pill, two or three times a day, at meals.

Therapeutics—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it. 40c. per 100.

Pil: Phosphori Co. (W. R. Warner & Co.)

℞ Phosphori, 1-100 gr; Ext. Nucis Vomicae, ¼ gr. 50c. per 100.

Dose—One or two pills, to be taken three times a day, after meals.

Therapeutics—As a nerve tonic and stimulant, this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating the digestion.

Pil: Phosphori cum Nuc. Vom. (W. R. Warner & Co.)

℞ Phosphori, 1-50 gr; Ext. Nucis Vom. ½ gr. 50c. per 100.

Dose—One or two pills, three times a day, at meals.

Therapeutics—This pill is especially applicable in *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. Phosphorus and Nux Vomica are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

Pil: Phosphori cum Ferri et Nuc. Vom. (W. R. Warner & Co.)

℞ Phosphori, 1-100 gr; Ferri Carb. 1 gr; Ext. Nucis Vom. ¼ gr. 70c. per 100.

Dose—One or two pills may be taken two or three times a day, at meals.

Therapeutics—This pill is applicable to conditions referred to in the previous paragraph, as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc., and Mr. Hogg considers it of great value in atrophy of the optic nerve.

Pil: Phosphori cum Ferro et Quinia. (W. R. Warner & Co.)

℞ Phosphori, 1-100 gr; Ferri Carb. 1 gr; Quiniae Sulph. 1 gr. $1.10 per 100.

Dose—One pill to be taken three times a day, at meals.

Therapeutics—Phosphorus increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

Pil: Phosphori cum Ferro et Quinia et Nuc. Vom. (W. R. Warner & Co.)

℞ Phosphori, 1-100 gr; Ferri Carb. 1 gr; Ext. Nucis Vom. ¼ gr; Quiniae Sulph. 1 gr.

Dose—One pill, to be taken three times a day, at meals.

Therapeutics—The therapeutic action of this combination of tonics augmented by the specific effect of Phosphorus, on the nervous system, may readily be appreciated. $1.10 per 100.

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AN ADDITIONAL HONOR.—We have just been advised of the award, by the Judges of the Paris Exposition, to Messrs Wm. R. Warner & Co., of Philadelphia, New York and Chicago, of the highest medal prize, for their justly celebrated pharmaceutical products. This makes the 17th World's Fair highest prize which has been awarded this well known and justly celebrated firm, and we join in congratulation to Messrs. Wm. R. Warner & Co. over their well merited and unbroken line of victories in competition with the World's manufacturers.

AWARDED GOLD MEDAL AT PARIS.—An award of no little interest in medical and drug circles of the U. S. are the Gold Medals (the highest awards) given Messrs Armour & Company, by the Commitee on Awards at the Paris Exposition, for "Armour's Soluble Beef," "Armour's Extract of Beef" (which were exhibited in the Agricultural Department), and "Armour's Pepsin, Pancreatin, Thyroids, Suprarenals, etc." (which were exhibited in the Chemical Industry Department).

The Armour products are too well known to require introduction to our readers; but that they should be given the highest awards in competition with the oldest brands, home and foreign, on the market, is evidence of the advance that has been made in the Armour Laboratories during the past few years in the development of Organotherapy.

As further evidence that they are abreast of all the most advanced thought in this line we call attention to their two most recent products placed on the market, namely, Soluble beef (a beef preparation containing all the edible portion of the meat in the form of albumose), and also Suprarenals, which are being used extensively just now in the treatment of hay fever, etc.

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Dr.———, Mich.

MARASMUS.—"I used Eskay's Albumenized Food for a child six months of age, suffering from marasmus, where other foods had been tried but regurgitated. Eskay's, however, was retained, has been used ever since, and the child is thriving well." Dr.———, New Jersey.

TYPHOID FEVER.—"I gave Eskay's Albumenized Food, recently, a thorough trial, having a case of Typhoid Fever on hand, the patient not being able to retain any food whatever. The results were more than satisfactory. Can safely say it is the best prepared food I have tried in my seven years' experience in the practice of medicine."
Dr.———, Arkansas.

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[Written for the MEDICAL BRIEF.]

A Racial Danger.

BY DRS. PENNEBAKER & TRIPP,
Pleasant Hill, Ky.

The use of paris green (aceto-arsenite of copper, the same containing over fifty per cent of arsenic), during the past eight years in Kentucky, in the cultivation of tobacco, has reached a climax that is a menace to the producers and consumers of the nicotian weed, and as well brings before the medical profession a subject deserving their united action in remedying the evil.

Health boards and food commissions pronounce upon the safety of articles of produce and commodity, and adulterations or impurities inimical to the common weal are suppressed by law through their endeavors. This arsenical compound has long been used in cultivating the tuber genus, the powder or a solution being insufflated or sprayed upon the plant above the ground, for the purpose of destroying the insect life destructive to the growth of the vegetation, viz., the potato bug. The use of this poison upon the leaves of the tobacco plant to destroy the worms, which must be exterminated or the crop damaged beyond computation, was at first practiced secretly, but now has become an open custom. Its use during the present season has been responsible for a number of deaths, and many cases of poisoning both constitutional and local (dermatitis).

Our office has recently treated a case of acute poisoning caused by this practice. The man, using the paris green by means of a bellows, stood to the leeward of the plant, the wind blowing the powder in his face to be respired. Constitutional symptoms developed in twenty-four hours, accompanied by severe inflammation of the naso-respiratory tract. The treatment of this patient required the use of the chemical antidote for arsenicum, viz., the freshly precipitated hydrated sesquioxide of iron.

It is a fact that producers of tobacco who use paris green will not consume their own product, but seek the small farmer, whose scruples prevent his using this labor-saving subterfuge, to purchase tobacco for chewing and smoking. It is said that paris green used upon the plant during the early period of its growth, is not a custom to be deprecated, as the crop is sure to have several rains which will wash from the leaves the poison thereon before the crop is cut.

Used as it is now, to the very day the tobacco is cut, the leaves as they are hung in the tobacco-barn on the sticks to cure, are visibly covered with a thick deposit of the poison, which can be washed off with a spray or sponge. Without any attempt to remove this coating, the cured leaves are, when they come in case, or become moist by atmospheric absorption or steaming, made into "hands," prized in the hogshead, and put upon the "brakes" for sale.

The manufacturer is as fully aware of the toxic impurity when he purchases his crude products, as is the producer himself. Here again, without design or effort at refining or purifying, the leaves are put into the baths, where they absorb the sweetening, etc., to make a tobacco commodity, the process incorporating, not removing, the paris green.

The consumption of such tobacco must in time result in chronic arsenical poisoning. It seems to us that the period of inactivity having cognizance of these facts has expired; a natural limitation has been reached; a time has arrived when the protectors of our great civilization should be invited to officially inspect the cultivation and manufacture of tobacco, and proceed with the arm of the law against this new factor in race degeneration. The statutes already provide a penalty for the commission of this act.

Toothache Drops.

The following is one of the most pleasant, and at the same time most efficient toothache remedies I have ever tried:

℞ Comp. Tr. Benzoin ..... 2 drachms.
Chloroform ..... 1 drachm.

M. Sig.: Insert a piece of cotton wet with this in the tooth every hour or oftener until relief is experienced

—DR. R. C. KENNER, in *Med. Summary*.

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[Written for the MEDICAL BRIEF.]

Some Forms of Auto-Intoxication Observed During Pregnancy and the Puerperium.

BY W. E. FOTHERGILL, M. A., B. SC., M. D.,
Director of the Clinical Laboratory, Royal Infirmary, Manchester,
Manchester, Eng.

It is a matter of history that every science, in the course of its progress toward completion, passes through two great phases, or stages, not to mention the minor steps in its development. When any series or group of natural phenomena becomes the subject of study, there is a long period during which the main object of the workers engaged upon the matter is to detect and record the differences which distinguish the various phenomena in question. Then comes a period when not the differences, but the resemblances between phenomena assume importance. To take an example, the science of systematic botany consisted, for long years, in the discovery of plants different from those which had hitherto been described. Then it was seen that by noting the similarities of structure between various individual plants, those resembling one another could be grouped together into families, and the families into orders, and so on until the whole vegetable world had been classified into a complete and orderly arrangement. During its early stage, every science seems to the student to become more and more complex every year. This is the stage of subdivision or analysis. When this is past, and the stage of synthesis begins, in which observations are drawn together into great general laws, then the science passes out of its infancy, and, instead of increasing in complexity, it becomes simpler and more perfect with every added year of thought and study. It is clear that in thinking of a great subject like medicine which includes, in some way or another, every science that has been evolved by human thought, we can not very clearly trace the steps by which our present position has been gained. But small groups of the phenomena, which we call diseases, are constantly coming forward to attract our attention and demand our special study for a time; and if we read the

works written by our past and present colleagues upon any group of diseases, we can always note that our knowledge of the subject has followed the general law above mentioned, and has passed through first an analytical and then a synthetical stage before becoming sufficiently complete to be of much practical value to us in the relief of suffering.

The diseases which are observed during pregnancy and the puerperium are, of course, largely the same as those which attack women apart from gestation. There are, however, numerous conditions which are so much more frequent or severe amongst pregnant women than amongst others, that they have come to be regarded as a group of troubles more or less peculiar to pregnancy and the puerperium. This group has long interested obstetricians, and has been discussed in every obstetric text-book, with more or less detail, under the title, "Pathology of Pregnancy." I need not enumerate the conditions which are described under this heading, for if my reader will but take down from the shelf his favorite work on midwifery, he can see them there. If he will take the trouble to open other obstetric text-books of various dates—such as can be seen in any medical library—he will note that year by year the diseases of pregnancy have been becoming more and more numerous, and that the "pathology of pregnancy" has, up to the present date, been becoming more complicated every year. In fact, in text-books the subject has not yet passed out of its analytical into its synthetic stage. In the minds of obstetricians, however, as may be seen by reading the journals, a change is going on. There has been a great deal of work done of late which tends to simplify and unify the diseases of pregnancy and the puerperium; in fact, there are signs that within a few years we shall find that, both in theory and in practice, much simpler and clearer ideas will be accepted than those which are at present in vogue.

The object of this paper is to show what has been done towards gathering together into one great group a number of conditions characteristic of pregnancy and the puerperium, which hitherto have not been regarded as in any way connected with one another, but which now appear to be very similar to one another in cause, and which seem to be, in fact, simply various manifestations or symptoms of one disease. I refer to the form of toxemia, or auto-intoxication, which is observed most frequently and most typically in pregnant women.

So much has been said and written of late regarding auto-intoxication, that it is necessary for me, before proceeding, to explain what is understood by the term in the present article. By intoxication we understand the presence within the body of some substance having a tendency to destroy life. Toxic or poisonous substances may, of course, be taken in by the mouth, or injected into the circulation. Again, they may be formed within the body, as for instance, when a wound becomes infected by some organism whose growth produces poisonous matter which, being absorbed into the circulation, causes blood poisoning. But apart from poisoning of the above kinds, in which some foreign and unusual material is introduced into the system, there are in the healthy body at all times numerous poisonous substances which do not cause any symptoms of disease, simply because various organs promptly deal with the poisons in question, and either destroy them, or throw them out of the body altogether.

The poisons which exist in the healthy body are both numerous and varied in origin. Some of them are eaten as food, the salts of potash for example; also many extractives which give the distinctive flavor and smell to different kinds of meat, fish and fowl. Our drinks also contain toxic substances, of which the commonest and best known is, of course, alcohol. The quantities in which poisons of the above kinds are eaten are as a rule small, but the fact that they are poisons is well illustrated by the observation that certain persons are made ill by their ingestion, even in small quantities. Thus, some people can not eat mushrooms, others are made ill by game; in fact, in the words of the proverb, "one man's meat is another man's poison." It is equally true to state that

"every man's meat is every man's poison," but we do not as a rule take it in sufficient quantity to cause symptoms of poisoning. Other toxic substances are produced within the intestine during the progress of digestion, and with slight variation from health they may be found in great variety in all parts of the alimentary canal.

Poisons of a third kind are constantly being formed in all the tissues of the body. "Just as an individual takes in food, and gets rid of feces, urine, perspiration and organic matter in the expired air—all of which are toxic—so every cell of the body is constantly absorbing new material and getting rid of effete matter of a poisonous nature. The life of every cell involves constant chemical changes, in which the living protoplasm is continually broken down into waste matter, and as frequently reinforced by the assimilation of new material. One result of these changes is a constant stream of toxic substances from the tissues into the fluids of the body."* We are, in fact, making "constant attempts at suicide by intoxication," but various organs are continually at work saving us from the effects of the same by preventing the accumulation of poisons in the system. They have the power of arresting toxins which pass through them in the blood stream, and either turn them into harmless material, or expel them from the body in the form of excretions. The intestines, the lungs, the skin, the kidneys and various other glands all have powers of this kind. For example, albumoses which are produced during the digestion of proteids are poisonous if injected directly into the blood, but when they are absorbed from the intestine and passed through the liver, they reach the blood stream as valuable nutrient material. The liver also excretes poisons in the bile, which, in turn, as is well known, diminishes the production of poisonous matter in the intestine by checking fermentation. The thyroid gland, the spleen, the supra-renal capsules, and other glands, all have their share in protecting the organism from intoxication. It is thus clear that any ordinary person may, in several different ways, be more or less poisoned by the substances produced within his own body. All that is necessary is a check to the harmonious working of the various organs which in health remove waste matter from our bodies before it can harm us.

The pregnant woman is in a physiological state in which she is peculiarly liable to suffer from the accumulation of poisons formed within her. For there is a greater amount of chemical change going on in her system than there is in other individuals. If we remember that during two hundred and eighty days the single cell which forms the human ovum grows into a child which weighs seven or eight pounds, it is not difficult to understand that an unusual strain is put upon the excretory organs of the mother. In the building up of new tissues—new living matter—from the materials supplied in food, there is much more waste matter produced than in replacing the wear and tear of daily work in tissues and organs that are already full grown. Chemical changes, in short, are more rapid in the *growth* of an organism, be it animal or plant, than in the *life* of one that has attained its full size. Now, all the waste matter that is produced during the growth of the fetus within the uterus has to be dealt with and got rid of by the excretory organs of the mother. Any failure on the part of any of these organs throws out of gear the whole of her bodily machinery, with the result that various poisonous waste matters are retained within her system. Then follow symptoms of poisoning which are slight or serious, according to the circumstances of each case. Having noted then that symptoms of auto-intoxication are more likely to appear in the pregnant female than in other people, let us consider whether, in actual life, such is the case.

Now there is a well-known group of symptoms usually described as the "minor symptoms" of pregnancy, because, though not universal, they are very common during the early months of pregnancy. These are "morning sickness," salivation, toothache and neuralgia, irritable temper, constipa-

*Author's Manual of Midwifery, 2d Edition, Appendix, 1900.

tion and dyspepsia. We might also mention pigmentation of the skin, general in the "linea nigra" and the areolæ of the nipples, less common in the axillæ, the groins, the face, and other parts of the body. It is suggested that these so-called "minor symptoms" of pregnancy are nothing more nor less than so many slight indications of a state of toxemia. Two questions at once arise. First it will be asked why are not these symptoms universal? The answer is simply that some women's protective organs act so well and harmoniously that the extra strain put upon them by pregnancy is hardly felt, and no appreciable toxemia is produced. Secondly it may be asked, how is it that in the majority of cases the symptoms of intoxication pass off as pregnancy goes on, instead of getting more and more marked as one would expect? The answer to this question is, that as a rule the pregnant woman's excretory organs rise to the occasion, so to speak, and that after a few weeks, during which toxic substances accumulate in the system, the organism adjusts itself to the new conditions, reacts to the stimulus of extra work, and again restores the equilibrium between the production and elimination of poisons.

In a certain percentage of women, the secretory organs are not able to accustom themselves to the extra work. In these cases the result is continued, and increasing auto-intoxication manifested by various symptoms more serious than morning sickness and irritability of temper. It is this minority of failures which interests us, and it is with a view to aiding the early diagnosis and treatment of their ailments that the present paper is written. Let me illustrate the matter by a simile. Suppose that an army is sent from home to take part in an arduous campaign. Some few soldiers will go through its labors without turning a hair. The majority will for the first few weeks suffer considerably from fatigue and exposure. The bulk of them, however, will soon get into training, and having become inured to hardship, will not suffer in health though they may remain for months in the field. There will be a certain number who can not adapt themselves to the conditions of warfare, who are not strong enough to get into training. These will either die, or be sent home as invalids.

In the same way, out of the army of pregnant women, some remain quite well; most show "minor symptoms," but soon get over them; a few go on from bad to worse, auto-intoxication being arrested only by the termination of pregnancy, and failing this, causing the death of the patient. Further, just as some soldiers die of their wounds and exertions after the war is over, so some women struggle on through pregnancy and labor, only to develop serious symptoms, and sometimes to die during the puerperium.

If we inquire into the reasons why certain women should suffer from the accumulation of poisonous substances in the system, we find that various factors come into action. Climate is one of these, and heredity is an important one. Previous renal disease is of course a prime factor, as kidneys which are already imperfect are almost sure to break down, more or less, under the strain imposed upon them by pregnancy. Previous dyspepsia, constipation and liver troubles also play an important part. Pinard holds that in a great majority of cases the organ primarily at fault is the liver, and he maintains that the common cause of defective action of that organ is the use of the corset. Injury to the liver caused by tight lacing during adolescence may become apparent only when the subject enters upon her first pregnancy. The continuance of lacing during gestation is a still more frequent cause of liver trouble. My own observations lead me to the opinion that Pinard is correct in the above conclusions. Let me sketch a typical case. A young woman is brought to the hospital with all the symptoms of anemia, and states that she has been under treatment by iron, etc., for many months, without result. Her outer garments being removed her chest measurement is found to be, say thirty-five inches, while her waist, measured over her corsets, is twenty-three inches in circumference. The corsets being removed, her waist measurement is taken again, and is found to be twenty-six or twenty-seven inches. Careful examination shows that

her liver is constricted and displaced. Inquiry elicits the fact that she has had a waist measurement of twenty-three inches ever since she was a young girl, although she has grown in every other dimension. She is instructed to let out all her garments until the waist measurement is the same over the clothes as it is over her skin. When she returns in a month or six weeks the symptoms of anemia have vanished. This is one aspect of the case. But suppose the above young woman does not happen to learn the truth about her liver, but marries and becomes pregnant, still with a twenty-three inch waist. She continues to wear the corsets until her rising uterus compels her to put vanity aside and loosen her laces. She suffers from the minor symptoms of pregnancy to a marked degree, and is fortunate indeed if she escapes without one or other of the more grave manifestations of auto-intoxication. Such cases are of every-day occurrence, and must recur to the memory of every experienced practitioner.

Let us now mention some of the symptoms of auto-intoxication.

In the *alimentary system* we have vomiting and salivation, dyspepsia and constipation. The liver is often tender on pressure, and is sometimes enlarged. Pain in the right side over the lower ribs is by no means uncommon, and is really due to hepatic congestion, though often described as intercostal neuralgia, or muscular rheumatism, and occasionally even as pleurisy. Jaundice sometimes follows. Acute yellow atrophy we may regard as the most acute and extreme form of hepatic toxemia, the poison present in this condition being so virulent as to cause rapid destruction of the hepatic tissue.

The *renal system* is affected by poisonous material which is allowed to remain in the blood, owing to the defective action of the liver. It is not possible to estimate directly the toxic matter excreted by the kidneys in every patient, but the excretion of urea has been found to correspond closely to the excretion of toxins. It is therefore easy, by estimating the daily output of urea, to form a fairly accurate idea of the amount of toxins excreted. In healthy pregnancy the urine contains rather less urea and rather less toxic matter than usual. If, therefore, the percentage of urea rises, we judge that there is failure on the part of eliminating organs other than the kidneys, and that the kidneys accordingly are doing extra work. But the constant passage through the kidneys of an extra amount of toxins and urea tends to irritate and ultimately to seriously injure the renal organs and impair their function. When this occurs the poisonous matter ceases to be excreted by the kidneys and remains in the body. Thus, a fall in the percentage of urea passed following a rise in the amount excreted shows that renal failure has occurred and that toxic matter is accumulating in the body. Symptoms of serious intoxication may be expected under these circumstances and albumen appears in the urine, an evidence of the injury the kidneys have suffered.

The *skin* is often affected, the dark pigmentation known as *chloasma* being noted in some cases, while in others we observe a dry, harsh condition of the skin with reddened and discolored areas on various parts of the body. Addison's disease may be closely simulated. Itching is also common, both in the vulva and in other parts. Hepatic eruptions are also recognized under the term *herpes gestationis*.

The *nervous system* is the one which of all others suffers in the most striking manner from toxic conditions arising during pregnancy and the puerperium. Minor symptoms are neuralgia, toothache, irritability of temper, and those curious longings or cravings for unusual and unsuitable articles of diet with which all family doctors are familiar. Sleeplessness is a graver symptom. Then we have the various forms of peripheral neuritis which are now recognized as characteristic of pregnancy. Blindness occurring time after time in successive pregnancies has long been observed, and is now seen to be due to a temporary poisoning of the nerve centers, which passes away more or less completely when pregnancy is over. In eclampsia the central nervous system is attacked by the poisons circulating in the blood, and produces the dreaded convulsions and coma which so often end in the

death of the patient. The albumen almost always found in the urine of eclamptic patients show that the kidneys are profoundly injured by the toxins present. In other cases melancholia and mania are produced, and may either run a long course, ending in recovery, may remain permanently, or may rapidly end in death.

The diagnosis of auto-intoxication during pregnancy should be made early—long before any serious symptoms have appeared. The slight ailments above mentioned should put the practitioner on his guard, and should lead him to make periodic estimates of the urea excreted daily. A sudden rise in the percentage of urea gives warning that the kidneys are being overworked, and if it is followed by a lessening of urea, especially with the appearance of albumen, very active treatment should be undertaken at once.

The outlook is much more favorable than might be expected in cases of auto-intoxication during pregnancy, for a great deal can be done by preventive treatment, and if an early diagnosis is made, grave results can generally be warded off. At the worst, it is always possible to terminate pregnancy and so give the patient an extra chance of recovery.

We need not deal here with the treatment of grave manifestations of toxemia, such as eclampsia and mania, as these are well known. It is well, however, to glance, in conclusion, at the means at our disposal for preventing the occurrence of these grave symptoms by timely treatment of early cases of intoxication.

All these measures have for their aim to lessen the toxic materials introduced into the body or formed within it; and secondly, to favor the elimination of poisonous substances from the body. Thus the clothing of the patient, while loose and porous, should be warm enough to favor the action of the skin in perspiration. Having regard to the importance of the liver as a poison trap or filter, there should be no compression whatever of the chest or abdomen. Corsets should therefore be discarded altogether and replaced by a loose, warm substitute of some soft material.

Fresh air is essential, so all rooms occupied by the patient must be well warmed and ventilated, and she should spend as much time as possible out of doors. Exercise should be indulged in freely in order to favor the excretory action of the lungs and skin; fatigue, however, must be avoided. Frequent baths are valuable, because they keep the skin in an active condition. It is usual to avoid hot baths during pregnancy for fear of causing abortion, but this is a somewhat mistaken idea, and the hot bath is so valuable an aid to excretion that it should be indulged in freely by patients who show any symptoms of auto-intoxication even at the risk of terminating pregnancy abruptly.

Great importance attaches to the diet employed, and in marked cases milk should be the only article used in any quantity. Tea, coffee and alcoholic beverages must be avoided, and only very small amounts of animal food should be allowed. Beef tea and all similar preparations must be shunned, as they contain little beyond extractives. If the patient is taken off meat of all kinds the nitrogenous elements of the diet may be kept up by giving peas, beans and lentils, as these vegetables contain a very high percentage of nitrogen without the extractives which occur in animal food.

Constipation must be prevented whatever trouble is involved. Calomel is invaluable for this purpose, on account of its action on the liver. A saline should be given every morning, and enemata should be used freely if necessary. In cases of serious auto-intoxication the lower bowel may be washed out frequently with large quantities of saline water. A glass funnel with a piece of rubber tubing attached is the whole apparatus necessary, and the results obtained are excellent. The action of the renal organs should be aided by drinking plain or aërated water in large quantities, rather than by the administration of diuretic drugs. Treatment of the kind suggested above may be carried out while the patient is going about, in mild cases, and the gain in comfort and general health will be found to amply repay the inconveniences involved. If, however, improvement is not secured

thus, the patient should be put to bed and kept upon a rigid milk diet. The excretion of urea should be carefully watched under these circumstances, and if the case still goes from bad to worse, the question of terminating the pregnancy must be considered. It can not be promised that recovery will follow the emptying of the uterus, and this measure will only be undertaken after consultation and in grave cases. Frequently, however, it has the most favorable effect, and is followed by rapid and complete disappearance of all symptoms of intoxication. The method adopted must depend upon the circumstances in each case.

The reader will have gathered that the object of this paper is practically to call attention to the early diagnosis and treatment of that state, which, if neglected, will end in eclampsia, serious liver trouble, mania or melancholia, and other complications of pregnancy. The point of view from which these conditions are regarded is somewhat new, and I have no wish to be dogmatic, or to put forward any statements as absolute facts. Personally, however, I have found this point of view of great use in understanding and treating successfully quite a number of cases which I have recently seen. The theory also affords an explanation of a number of cases, several of which ended fatally, which I could not understand at the time when I saw them. If any reader happens to see or to remember cases which throw light on the subject of auto-intoxication during pregnancy, I think he should give us the benefit of a report to the BRIEF; for it is only by co-operation in observation and thought that we can get to the bottom of this matter. The cases are not often seen in hospitals or by specialists; it is the man in family practice who can collect facts for us by patient observation of the pregnant women who are under his care. Let me add that American workers have already taken their full share in advancing our knowledge of the matter.

A teaspoonful of Listerine rubbed in the hair once or twice a day is the best *preventive* of hair falling out and of dandruff.

[Written for the MEDICAL BRIEF.]

Milk in Carbolic Acid Poisoning.

BY MOFFAT FLYNN, F. R. C. S., EDIN.,
Bay City, Mich.

About two months ago a young married woman living in West Bay City separated from her husband, and in a fit of despondency took half an ounce of carbolic acid. Doctors were summoned, the people carried her into the house and made her drink over a pint of milk. I happened to be passing about half an hour after she swallowed the acid, and was called in, being the first doctor there. I found the girl unconscious and the muscles of both arms were working in convulsive movements.

I gave a big emetic of mustard, which acted promptly. Dr. Lloyd then arrived and washed out her stomach; strychnine was also given, as her heart was failing. In about an hour she came back to consciousness. She has recovered. The milk neutralized the acid and formed curds, delaying its absorption.

In West Bay City yesterday a mother gave her child glycerine and carbolic acid by mistake. She made the child drink freely of milk; a doctor was called and the child is out of danger. There have been a great number of deaths from carbolic acid poisoning here. These are the only two, as far as I can learn, that have recovered, the doctor always arriving too late in the other cases.

A Galactagogue.

More than forty years ago I learned from an old doctor that a hot poultice of castor oil bean leaves would increase the flow of milk in every case. They are to be boiled in water to a pulp, applied hot and changed as they cool. I have since often verified the value of this remedy. When pilocarpine nitrate is given at the same time, they will seldom fail to increase the flow; and in many cases will enable a mother to do what she never had done before, furnish enough milk for her babe.—DR. H. C. BARNARD, in *Med. World.*

[Written for the MEDICAL BRIEF.]

Hip Joint Disease and Its Modern Treatment.

BY STEWART LEROY M'CURDY, A. M., M. D.,
Professor of Anatomy and Oral Surgery, Dental Department of Western University of Pennsylvania; Member American Orthopedic and American Medical Associations; Orthopedic Surgeon Presbyterian Hospital; Surgeon P. C. C. & St. L. R. R., Etc., Pittsburg, Pa.

(Continued from page 1498.)

Treatment is divided into conservative and operative. Conservative treatment is subdivided into hygienic, medical and mechanical. Hygienic measures are important, for it will be found that these cases are reduced in vitality and frequently have poor appetites. Outdoor exercise for patients who are able to be out is essential, and when the recumbent treatment is being carried out a pneumatic-tired carriage should be secured and an afternoon airing given the patient when the weather permits. Pine mountain regions are especially beneficial to cases with tubercular bone diseases. An afternoon nap should be insisted upon. Generous diet, consisting of milk, meat juice, and fruit, is most essential, and tonics, reconstructives and specific medication should be used. Compound Syrup Hypophosphites is undoubtedly one of the best reconstructives for these little patients. If a history of inherited syphilis is obtainable, or even suspected, syrup of iodide of iron, or syrup trifolium compound should be given for months. I have seen cases with such a history, and suffering with marked hip joint disease, get well in half the time required for treatment by mechanical means alone.

Case 4.—The following case is introduced to illustrate the fact: J., aged six, showing characteristic limp, limitation of motion, night cries, slight flexion, adduction and marked inversion of the foot without fever or constitutional disturbances. A hip brace, as used by the author, was ordered and adjusted and worn for six months, when the symptoms had so much improved that the short brace as used by Sayre (Fig. 16) was substituted. This brace was worn for another six months, when it was removed and the patient discharged. All symptons had disappeared except a slight limp, due to the restriction to locomotion resulting from the continued use of the brace, which disappeared in a couple of months, when the patient walked without a limp. There was reason to believe that the child had inherited a specific taint, and she was given, very faithfully, syrup trifolium compound throughout the entire course of treatment, and to this must be attributed in part the prompt recovery.

FIG. 12. The Writer's Hip Brace.

The prime object of all treatment is to alleviate symptoms, shorten the course, and prevent deformity.

Mechanical treatment not only prevents deformity, and reduces the length of time these cases are under observation, but it also reduces the mortality. It is claimed, and very correctly, too, that vigorous mechanical treatment, carried out on correct lines, prevents abscess formation. Statistics show that with

abscess the death rate is thirty-four per cent, and without seven per cent. When these facts are considered, proper mechanical treatment becomes of the greatest importance.

Mechanical treatment may be considered under the following subdivisions: (*a*) recumbency, with fixation, or the English method; (*b*) traction, or the American method; and (*c*) a combination of the two, or fixation and traction. As these patients place the toe of their well foot upon the dorsum of the foot of the affected side to relieve pain by traction, they give a forcible hint that traction, to overcome the spasmodic contraction of the muscles about the joint, and thus relieve interarticular pressure, is the first principle of mechanical treatment. Next to traction, by way of suggestion made by the patient, they demand protection. In recumbency, the principles of treatment, viz.; traction, protection, and immobilization, are carried out by the use of the wire cuirass of Bauer, a stretcher bed, a plaster-of-paris spica, with a weight and pulley extension as first described by Gurdon Buck. During the early stage, or during the more acute inflammatory changes, the bed treatment is preferable, in that it offers complete rest to the hypersensitive joint. *Night cries* and other symptons are magnified without treatment, or when proper treatment is not applied, and improve under treatment. In some cases, when mechanical treatment is properly applied the various stages of the disease come and go in comparative comfort, and recovery takes place with little or no shortening, and practically a perfect joint.

As soon as muscular spasm yields to treatment and the patient becomes more comfortable, ambulatory treatment must take the place of the bed treatment. When confined to bed the vital forces begin to degenerate, and exercise must be given to the patient in order that reconstruction may take place in the diseased area, rather than degeneration and further extension of the disease.

Fixation is best carried out by the use of the Thomas hip splint, which is more easily applied than plaster of paris, more economical than the leather splint of Vance, the metal brace of Willard or Blanchard. Traction alone is best carried out by the polyclinic splint and its numerous predecessors, known as the Davis, the Sayre, the Taylor, the Andrews and the Judson braces.

Mechanical treatment of to-day, as would then appear, is fixation and traction. Up to the time of the introduction of the Phelps no brace combined these two indications in one ambulatory splint. Since that time Bradford and Lovett have so modified the Thomas as to make it a walking crutch, and also afford traction and fixation. The Phelps affords traction, fixation and protection, but these are principles in the brace which cannot be altered. In order that fixation may be used with traction, when

FIG. 13. Polyclinic.

and as long as desired, and discarded at will, without in any way interfering with the traction, the splint shown in (Fig. 12) was devised.

Fig. 13 shows a polyclinic brace, which is had by removing two screws and lifting off the Thomas' posterior bar, Fig. 14. Fig. 16 shows a short Sayre, the part of the brace given us after the removal of the lower end of the walking crutch, Fig. 15. This is comparatively an inexpensive brace. It is applied as are the braces of which the one described is a combination

The most notable advocate of the treatment of hip disease by this method

is Dr. Ridlon, of Chicago. If traction in the treatment of hip disease is desirable, then the Thomas brace does not meet the requirements. It must be confessed that traction at certain periods of the disease accomplishes little, and at this time a Thomas meets the indications. The trouble of making descrimination and of exchanging braces may be avoided by using a brace which immobilizes and makes traction at the same time, as is possible with the author's brace. A long Sayre brace is practically the same as shown in Fig. 16, with an extension below the foot, and differs but slightly from Fig. 13.

A SHORT SAYRE HIP BRACE.

In using the various long hip braces traction is made from the lower horizontal portion, and counter traction from the perineal straps from the pelvic band.

FIG. 14. Showing the Thomas Bar removed.

Traction is applied to the leg by the use of two strips of moleskin plaster, which extend from near the hip to the shoetop, one on the inner and one on the outer side, to the lower ends of which a buckle is attached. They are held to the leg by a roller bandage. A stocking is put over this, through which holes are cut above the shoetop, and immediately over the buckles, large enough to allow them to drop out. Leather straps, which are riveted to the bottom of the brace, are now fastened in the buckles.

The straps may be made of a very firm quality of elastic webbing, to carry out the idea of elastic traction in the treatment of these hip cases, upon the same principle as has been recommended by the author, in the treatment of all forms of joint disease, when muscular spasm is a cause of interarticular pressure and resultant pain.

All traction hip braces should extend far enough below the foot to allow the leg to swing pendant, and the foot to remain high enough to prevent the patient from bearing weight upon it. A cork sole should be worn on the well foot, thick enough to bring it on a line with the lower end of the brace, and in taking measurements for a brace this fact should be considered.

About fifty per cent of cases do not use crutches. It is no doubt better to use them in all cases, but if the patient learns to walk well without them, and at the same time sufficient traction is maintained to relieve pain, and prevent shortening, he should be allowed to do so.

Drs. Bradford and Lovett, in a paper published in the *New York Medical Journal* on "Distraction in the Treatment on Hip Disease," describe a series of experiments to determine the amount of distraction possible under four different conditions: 1. On the cadavera of healthy hips; in which twenty pounds produced separation of one-eighth of an inch. 2. On the cadavera of diseased hips, in which twenty pounds produced a separation of a little more than one-half inch. 3. On healthy individuals, in which twenty pounds produced a lengthening of a quarter of an inch. 4. On patients suffering from hip disease, in which five-eighths of separation occurred in one case.

Deformity.—Dr. Judson suggests, as a method of reducing or preventing shortening in hip joint disease, of instructing the patient to practice systematic walking by dividing the time of the step between the two feet equally. This is done by having the patient count time while walking or dancing, with daily lessons at home by the parents, and frequent and persistent effort on the part of the surgeon to see that the child observes the uniform length of step and uniform gait. This is advised for functional or apparent shortening. He was

able to reduce thirty degrees of flexion in seven months in one case, in another from sixty to twenty degrees in four months. Adduction was reduced from forty to five degrees in seven months. In structural shortening not so much improvement can be expected.

If deformity cannot be overcome, as suggested by Judson, the patient should

FIG. 15. Removed Parts.

be put in bed and traction made by Buck's extension. The weight is secured to the leg by adhesives, on the inside and outside, extending well up to the hip. The pulley should at first be high enough above the foot of the bed to place it on a line with the deformity, and gradually lowered as flexion, adduction and shortening are overcome. The weight should be as much as can be borne by the patient without discomfort. When the leg is placed in a normal position—if this is possible, or as near as may be—it should be held there for some time by an anterior retaining wire frame extending from the knee to the nipple.

When ankylosis is complete, and deformity so marked that it is desirable to correct it, this may be done by a Gant operation, which consists in subcutaneous osteotomy of the femur just below the trochanter. It may be necessary to make section of the tensor vaginæ femoris, sartorius, or other structures, preventing complete extension of the femur.

In Fig. 18 is shown a case of marked deformity, following bad treatment. In Fig. 19 may be seen a similar case after correction by a Gant osteotomy. In this case the flexion, adduction and shortening were about as shown in Fig. 18, and the operation not only corrected the angular deformity, but increased the length of the leg to about that of the other.

It is not an easy matter to get one of these patients out of bed when he has been confined for months. For this purpose the padded board, as shown in Fig. 20, will be quite saisfactory. As may be seen, it is a board longer and wider than the patient. It is sawed through between the legs to the perineum, at which point the side under the well leg is cut off. This piece is again cut under the knee, which makes three pieces, A, B and C. The upper part, B, is hinged to its original position so as to turn up, and the lower segment, C, is hinged so as to turn down as shown. B is now secured to the corner of a table or stool by screws, so as to allow the part upon which is resting the affected leg, and section C, to swing free. This leaves the entire board, except section B, entirely free. With the patient on this the head is slightly elevated, as may be tolerated by the patient, and the elevation is gradually increased up to the perpendicular during the course of a few weeks. The inclination may be regulated and secured by a long hook made of heavy wire, as shown on the side of the well foot, D.

The *management of the abscess* of hip-joint disease is still under discussion. The general surgeon incises all abscesses, and has as his first principle of treatment the removal of a tubercular focus, no matter where found. On the other hand, the mechanical surgeon, or orthopede, practices conservatism, never opens an abscess, and does not even

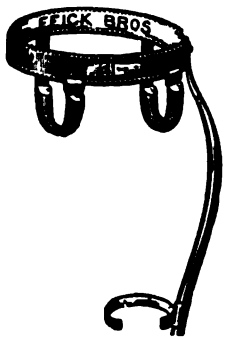

FIG. 16. Short Sayre.

aspirate. Between these two extremes of the orthopedic surgeon's aim is to adopt a course of treatment which allows him to incise and curette when necessary, and to abstain when cases are running a harmless course

The injection of abscesses after aspiration with a ten per cent solution of

iodoform and glycerine, as advised by Senn, is good treatment. It is claimed for this treatment that it not only relieves pain, but the iodoform destrovs the bacilli.

What may be given as indications for incision of these abscesses are: when they are enlarging rapidly, are associated with great pain, are burrowing and producing pressure upon other important structures, or are attended with marked sepsis.

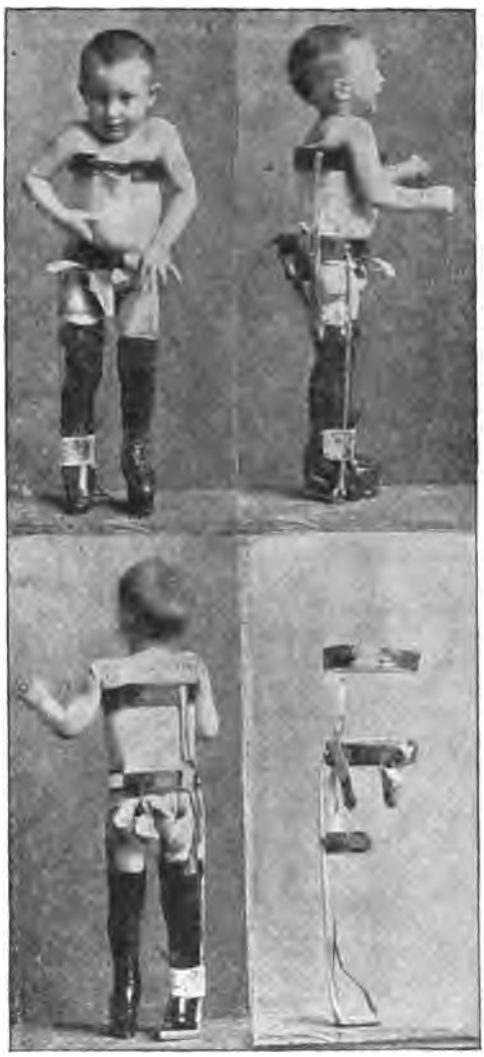

FIG. 17. The Writer's Brace Applied.

When an abscess appears on the surface as a tumefaction merely, with no other evidence that it is an abscess than that it is associated with hip-joint disease, to incise and subject the patient to further danger of mixed infection would be anything but good treatment.

Vance reports a case of rupture of the femoral artery, caused by pressure from extension of hip abscess. The artery was ligated, resulting in gangrene. He amputated at the hip, and the case recovered.

Gibney analyses ninety cases of hip-joint abscess, as follows:

Abscesses opening spontaneously, eighteen, with thirteen good results; abscesses aspirated, forty-three, with four good results; abscesses incised, forty-nine, with thirty-one good results; cases excised, thirty-one, with twenty-seven good results.

Aspiration and injection of tubercular joint, when a doughy condition is found associated with pain or senitiveness, is of undoubted value. The injection of iodoform emulsion alone, or the puncture affords relief, as the following case shows:

Case 5—Mabel D., aged six years. Family history good. Fourteen months before she had a fall from a step, and shortly afterwards a limp was observed, followed by night cries, destruction of gluteal fold and dimple; some flexion and abduction. A hip splint, such as has been described, was worn continuously. An abscess developed and was aspirated and injected. When fulness first developed about the joint, aspiration was attempted, but no pus was found. The injection of iodoform was resorted to, and after the first one the pain was relieved and never returned in its original severity. Later aspirations revealed the product of tuberculosis, but after a number of aspirations and injections, the morbid material ceased to reaccumulate.

Otto von Bunger says that in making injections into this joint the needle should be introduced at the inner border of the sartorius, and on a line horizontally drawn from where the femoral artery crosses the pubis to the greater trochanter, to the depth of five to seven centimeters (two to three inches). He claims that failures occur because the emulsion is deposited outside of the joint, the needle not having been properly inserted.

Excision.—A summary of opinions relative to operative interference is given us by Lovett, and it is toward conservatism.

Vincent states that in the Lyons Charity Hospital, fifty-two cases were excised out of a total of two hundred and thirty-three, or 22.3 per cent. Lovett, states that of one thousand one hundred cases treated at the Boston Children's Hospital, fifty excisions were performed, or 4.5 per cent. Lovett shows by quotation that whereas Germany was resection mad, they are now as conservative as America. Further quotations are made to demonstrate the same trend of procedure.

Lovett analyzes fifty cases, and adds:

'The indications for abandoning conservative measures for operation have been, in general, as follows:

(*a*) Persistent failure of the general health.

(*b*) A progressive destructive process in the joint, which continues in spite of favorable therapeutic conditions. This is made evident by much induration and multiple indolent sinuses, through which the products of the disintegration drain rapidly away.

(*c*) The persistence of severe pain and excessive tenderness late in the disease, which are not affected by efficient traction and fixation.

(*d*) Formation of extensive sequestræ in the joint.

The age of the patients at the time of operation was as follows:

Two years two, three years one, four years six, five years four, six years nine, seven years six, eight years six, nine years two, ten years six, eleven years three, twelve years three, not stated two.

The duration of the disease at the time of operation, as estimated from the statements given by the parents, would be of little value, and would make the time too short in most cases. The duration of several cases in the group is, however, striking:

Four had lasted three years at least, one had lasted four years at least, two had lasted five years at least, one had lasted six years at least, one had lasted eight years at least, one had lasted nine years at least.

Finally, of the fifty cases, nineteen are dead; of the remaining thirty-one, three were doing poorly when last heard from (six months after operation) and probably died. Others were heard from as doing well, as follows:

One four months after operation, five six to eight months after operation, one nine months after operation, one ten months after operation, two twelve months after operation, one eighteen months after operation, one twenty-four months after operation."

Townsend states that from 1888 to 1896, two thousand two hundred and ninety-five hip cases were treated in the Hospital for Ruptured and Crippled, and that one hundred and twenty-one excisions were performed on one hundred and nineteen patients, making about five per cent of operations. He further states that seventy-eight were males and forty-one females. The right hip was removed in sixty-nine operations, the left in fifty-two. In twenty-four the anterior incision was made use of, and in ninety-seven the posterior.

FIG. 18.

Of the one hundred and twenty-one excisions it has been possible to trace but one hundred and one. Of ninety-nine patients traced, fifty-two are known to be dead; and these include two cases in which both hips were removed. Of these fifty-two deaths, fifty-one were attributable to the diseased condition

present and one to accidental drowning. Of the fatal results, thirty-seven occurred within six months after the operation and ten more within one year. In nine cases of shock, death occurred within forty-eight hours.

In ten patients the limb was extended to one hundred and eighty degrees; in

FIG. 19.

six, to one hundred and seventy degrees or over; in seven, to one hundred and sixty-five degrees, and in six, to one hundred and sixty degrees. These twenty-nine may be said to have the limb in a position that makes locomotion easy, and are cured without flexion-deformity. All beyond this have flexion and some lordosis as a result. The amount of motion in the joint varies; in one it is one hundred and thirty degrees; in three the limb can be brought to a right angle (ninety degrees of motion); six have from thirty degrees to forty degrees; eight have from five degrees to thirty degrees, and in twenty-six there is no motion.

Of the forty-seven patients known to be living, we have found twenty-six cured. Of the remaining twenty-one, fully one-half are in bad condition, and will die from exhaustion if not from other causes, as the result of long-continued suppuration. Of this number, in two the sinuses are still discharging, six years after the operation; in one, after five years; in two, after four years; in one, after three years; and in two, after two years. In the remaining cases too little time has elapsed since the excision was done to allow of a final report being made. The results may be stated as twenty-six cures after one hundred and one operations, and we have reason to believe that of the patients not traced many are living.

Sherman states that in one hundred and forty-seven hip cases, sixty-four excisions have been performed. Of these he is able to furnish subsequent records of thirty-four, as follows: Thirteen are dead—two from operative shock, one chloroform narcosis, two tubercular meningitis, seven general tuberculosis and one pulmonary tuberculosis. Thirteen of the excised cases are still under treatment. Average measurements in thirty-four operative cases are: maximum shortening, three and three-fourths inches; minimum shortening, seven-eighths of an inch; average, 1.98 inches. Average flexion, one hundred and twelve degrees; average extension, one hundred and seventy-four degrees. In all but five the extension was full one hundred and eighty degrees. Average adduction, twenty-nine degrees.

In the cases treated mechanically the following may be given: Average shortening, 1.83 inches; average flexion, sixty-seven degrees; average extension, one hundred and forty-five degrees.

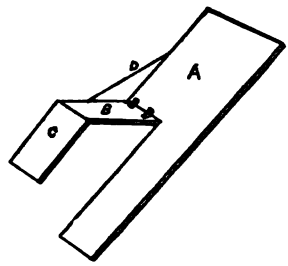

FIG. 20.

From the foregoing tables the following may be given:

Average age at which excision was performed, eight years; average time cases have been under treatment, five years; average amount of shortening, 1.7 inches.

Subscribe for the BRIEF.

[Written for the MEDICAL BRIEF.]

Stereotyped Use of Quinine For Every Ill; too Large Doses Usually Given.

BY A. B. WOODWARD, M. D.,
Tunkhannock, Pa.

In the long ago, I was called out one fearful dark and stormy night to drive ten or fifteen miles to see a man with typhoid fever, who was said to be dying.

No argument nor to-morrow-morning promises were to any avail whatever, so of course, I "got there." Found the man had been treated two weeks by one of my friend doctors.

Found the man with typhomania, bad, wild, pulse one hundred and forty, very excitable nervous condition, temperature, 5-8, tongue so dry it could not smoke; fissured and bleeding, water very scanty and high-colored, abdominal breathing and hiccough.

The case, to all appearance, was undesirable. Inquired what he was taking. The answer was "nothing except the powders which were shown me"; which proved to be about ten-grain quinine powders, to be taken every four hours.

What is to be done in such emergency? The doctor who was attending could not be had until nine o'clock the next morning. I stated the case plainly, and was requested to do what I could to relieve the patient, and meet the attending physician the next morning, which I was prompt to do. But my course for the night was plain; stop the quinine first thing, notwithstanding a powder was due. Put forty drops of green tincture gelsemium in one-half goblet of water, and ordered a teaspoonful given every hour.

The patient to have a bath, at once, of water hot as could be used, adding a tablespoonful of bicarbonate soda to two quarts of the hot water. The patient thoroughly rubbed all over every hour until after midnight (three times, it being then nine P. M.).

Also added to another goblet, two-thirds full of water, two drachms of tincture equisetum, tincture baptisia twenty drops, given teaspoonful every hour. Alternate with gelsemium treatment, commenced at once, and followed strictly, with a cup of eucalyptus leaves put to boiling on stove in room to evaporate lively. Left the case and drove home, cogitating on the chances for finding him alive next day.

Next morning I met the other Doctor as we both drove up to the door at the same time. Gave the doctor a history of the case as I found it the night before, and also what changes I had made. He seemed pleased to meet me, and we went in to see the result of the change. Found skin moist, pulse one hundred and three, temperature 100° F., typhomania relieved sufficiently to give the attending physician such a scoring as made me feel both silly and sorry, and no persuasion was of any avail on my part to have the other doctor continue in the case in any capacity whatever.

Consequently, I continued the treatment of the night previous, and the man made a fair recovery from the fever, with the exception of deafness and occasional spells of getting a little off when taking cold, from the effects of the quinine.

There is not a condition for a dose of quinine when one thousand doses are given, and if it is not indicated, it works immense harm; again, different locations require different remedies.

The indications for quinine are a moist skin and tongue, soft pulse, feeling more like running water under the fingers than healthy blood; and then the dose should never exceed two grains, as often as required. But the rule is, when you do not know what else to do, give quinine.

Was called to counsel with a friend doctor in the spring of 1848, in a case of typhoid fever. While the patient was dying and I was waiting for the other doctor, I examined some large powders which the patient had been taking from, and found them to be quinine. After the attending physician arrived the patient died, and we were awaiting dinner, I inquired of the doctor why he gave the quinine in such conditions? After thinking a moment, he answered by saying "You know we always give quinine when we do not know what else to give." Conditions in those days were no guide. It was "routine," and typhoid fever in those days was like diphtheria a little later on. It came to kill as sure as we were born to die.

In these days it is easy to cure both, without antitoxin.

[Written for the MEDICAL BRIEF.]

The Lymphatics of the Peritoneum—The Anatomy and Physiology.

BY BYRON ROBINSON, B. S., M. D.,

Professor in Chicago Post-Graduate School of Gynecology and Abdominal Surgery; Professor of Gynecology and Abdominal Surgery in The Harvey and The Illinois Medical Colleges; Gynecologist to Woman's Hospital, and Consulting Surgeon to Mary Thompson Hospital, Chicago, Ill.

(Continued from page 1508.)

This view would show the interstitial spaces of the subperitoneal tissue in more direct and intimate connection with the lymph vascular capillaries, than it would with the blood vascular capillaries. With the great difference in function and structure between the transporting tubular system and the system of interstitial spaces, it would not be strange if they were considered not only quite separate, but independent systems.

A comparison of the two transporting tubular systems and the interstitial spaces may be instituted by likening them to a large swamp land and cranberry marshes. A large, strong river stream (the blood vascular capillaries) passes near the big swamps or marshes, which send out small, but vigorous, streams into the swamp. The fluid collects and slowly moves about in the marsh. The second river (the lymph vascular capillary) collects the fluid from the marsh, and carries it back to the original larger river after a longer or shorter time. Vast assimilation and growth may occur in the marsh (*i. e.*, the interstitial space) before the fluids are again collected and transported into the larger river (*i. e.*, the blood stream). Doubtless, the reason that the interstitial spaces and the lymphatic ducts have been considered one and the same, without independent distinction, is because the fluid in the interstitial spaces and that in the lymph ducts appear similar. They have some common feature, but this comparison is poor in fact, as the fluid in the interstitial spaces of the subperitoneal tissue is very different from that of the lymph ducts. The fluid in the interstitial spaces consists of (*a*) the fluid transported from the blood vascular capillaries; (*b*) the same fluid plus the effete material from adjacent cell-life, and (*c*) the same fluid minus the material required for cell nourishment. For this reason the lymph flowing in the thoracic duct is a mixture of fluids different from that contained in the subperitoneal interstitial spaces. When the fluid is transuded from the blood capillaries into the interstitial spaces, it begins its work at once, which is that of nourishment. The insterstitial fluid must give up the needed products of cell-life, and must float or drain away the effete matter arising from living cells. In a reasonable sense, then, the interstitial spaces of the subperitoneal tissue may be considered as the field of nourishment, while the lymphatic vessels are making out the lymph channels and interstitial spaces in the subperitoneal tissue by coloring only the solid tissue. It does not color lymph or blood channel or spaces.

Varying conditions arise according as the silver-stained subperitoneal tissue be collapsed or distended by fluid. The meshwork possesses a wide range of elasticity, and when highly edematous tissue is well stained with silver, it presents a striking feature as to its interstitial spaces. The interstitial fluid and the lymph in the ducts must not be considered identical. It must be remembered that much of the fluid transuded from the blood capillaries passes out by means of the glandular secretion, in which process the lymphatics are little concerned. We note secretions by the (*a*) alimentary tract; (*b*) the respiratory tract; (*c*) the mammary glands; (*d*) the tears; (*e*) the sweat; (*f*) the salivary glands, and (*g*) the testicular glands. Doubtless, all these secretions, taken together, are greater in quantity than flows through the thoracic duct.

An important clinical fact may be gleaned from the absorption of fluid from the peritoneal cavity. In extreme and sudden loss of blood, large quantities of fluid could be injected into the peritoneal cavity to restore the volume of blood.

From considerable research and quite a number of experiments on the peritoneum of rabbits (and other animals),

it appears that there is a current directed toward the diaphragm.

So far it appears the diaphragmatic *membrana limitans* alone possesses pores, and is the chief locality of the peritoneum, which possesses power to absorb and deposit the colored granules into the subjacent lymph channels. Dubar, Remy and Maffuci assert that there are other localities of the peritoneum for rapid absorption, but this has not been extensively confirmed. I have noted absorption of colored granules in the *centrum tendineum*, gastro-splenic omentum, and about the omentum of the pylorus. The strange reason for the diaphragmatic *membrana limitans* being the only portion perforated has received no adequate explanations so far. But the diaphragm is an organ of motion and a bed of lymphatics, and, perhaps, the pores are a remnant of the original aperture between the pleuro-peritoneal cavity.

The significance of the perforation of the diaphragmatic *membrana limitans* and the stream of fluid in the abdominal cavity directed toward it, is a practical matter of peritonitis, for it is very suggestive of drainage.

In my experiments on animals, it was distinctly evident that the region of the diaphragm (including, to some extent, the *omentum minus* and the root of the *omentum majus*) was the chief region of physiologic (and ultimate pathologic) activity. The swarm of leucocytes told the story. The particles of Berlin blue almost entirely passed into the vast lymph bed of the diaphragm. With time the particles pass into mesenteric glands and viscera, but this is entirely secondary to the passage into the lymph channels of the diaphragm.

It has been found that in puerperal peritonitis the serosa and lymph channels of the diaphragm are intensely inflamed, as first demonstrated many years ago by Recklinghausen.

The *centrum tendineum* is a vast system of lymphatic channels. The credit of making the foregoing views known is due to Dr. Daniel von Recklinghausen, now professor of pathological anatomy at Strasburg. He demonstrated this fact by vast personal labors and many experiments, aided by his introduction of the use of silver salts. Ludwig, Schweigger-Seidel, Dybkowsky, Klein and others, perfected his labors. The very reason that the *centrum tendineum* has had so much attention is because it is a bed of lymphatics, and through it peritoneal fluids will pass, carrying with them various kinds of solid particles. The following are the methods to demonstrate the diaphragmatic lymphatics:

By placing a very thin piece of the *centrum tendineum* of a small rabbit, stained with silver nitrate and mounted in glycerine under the microscope, we may be able to observe the valved trunks and the non-valved capillary lymphatics.

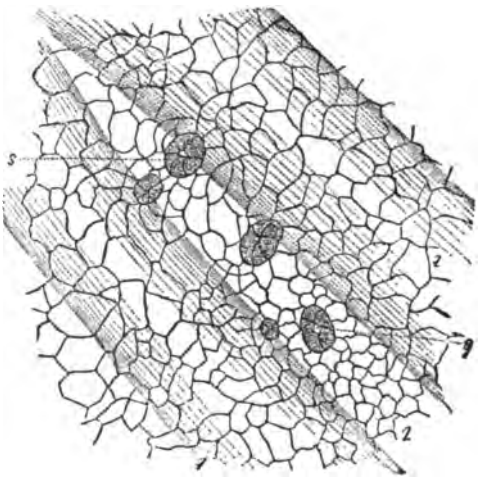

Fig. 7 (after Klein) represents the peritoneum covering the central tendon of the diaphragm of a rabbit. It is stained with silver nitrate. It shows well the stomata vera; s and s show open stomata, while two of the stomata are closed, or collapsed. The stomata are surrounded by germinal epithelium; t shows the tendon of the diaphragm covered with irregular shaped and sized endothelium; l is a lymph channel, which we recognize by the small, sinuous endothelium covering it. The stomata vera, or the stomata surrounded by germinating epithelium, are found most on the diaphragmatic tendon, while, so far as my own examinations are concerned, the pseudo-stomata can be found abundantly in the mesentery of the cat. Note that the stomata vera are directly in communication with the underlying lymph channel, l. The opening and closing of these mouths no doubt have much to do with allowing infection to get into the lymph channels.

The serosa is sufficiently transparent to allow the lymphatics to be noted beneath it

By brushing or penciling the abdominal serosa, but especially the pleural serosa of the *centrum tendineum*, with a piece of cotton on a toothpick or a camel's-hair brush, and then subse-

quently pouring on the brushed surface twenty-five per cent solution of silver nitrate for a few minutes, one can observe in specimens mounted in glycerine well defined lymphatic vessels and capillaries.

To inject into the abdominal cavity of a living animal (rabbit) fluid holding in suspension solid colored granules, subsequently (from ten minutes to twenty-four hours) killing the animal, carefully cutting out the diaphragm, brushing its surface and silvering it. Mount small pieces in glycerine, when the valvate lymph trunks and capillaries are plainly visible containing the colored granules.

The lymphatics may be demonstrated by carefully cutting out a diaphragm of an animal dead as long as twenty-four hours, silvering it, and allowing it to remain one-half to several hours in a solution containing colored granules of Berlin blue. Mounted in glycerine it shows the lymphatics containing the colored granules.

Inject into a recently dead animal (rabbit) a fluid containing Berlin blue,

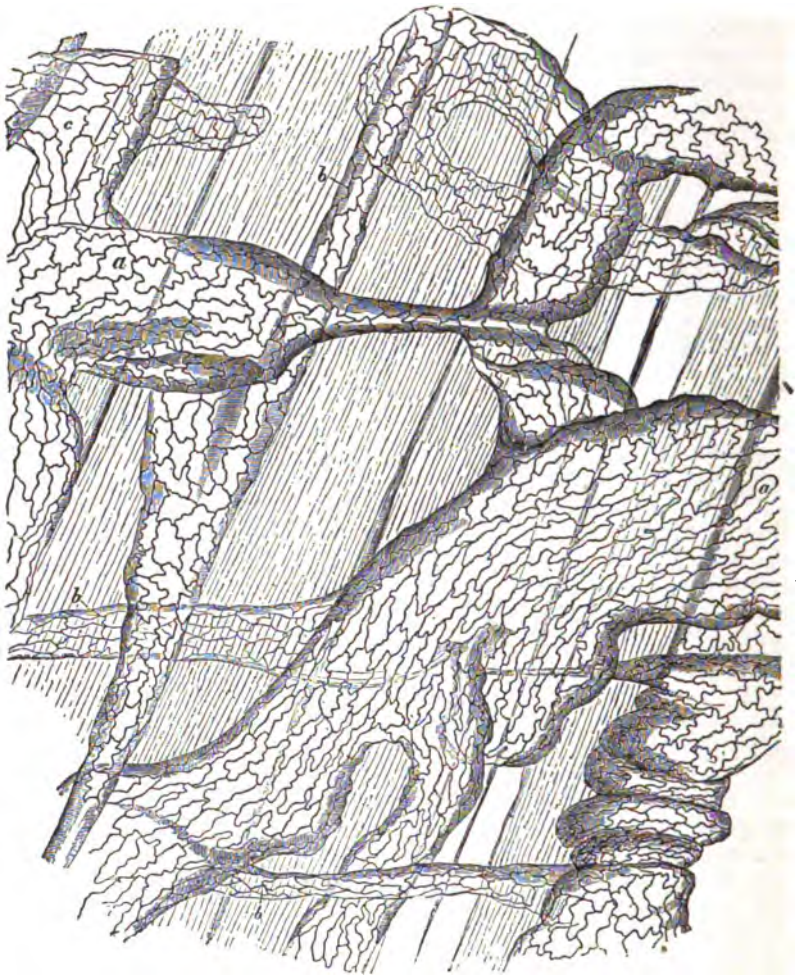

Fig. 8. (After Hand-book for Phys. Lab., Vol. II, 1878). Lymphatics of centrum tendineum of rabbit, penciled under water, and then bathed in silver, while artificial respiration was being carried on. The lymph vessels are visible in the slightly colored ground as distinct and very sinuous tubes, the endothelia of which is sharply defined. (a) Trunks of lymph vessels, pleural side. (b) Lymph capillaries, which, as "straight interfasicular lymph capillaries," run between the tendon bundles, and reach to the abdominal side. (Oc., 8; Obj., 5). Observe that sometimes the lymph vessels become sharply narrowed. This is at places where they are compelled to pass between narrower spaces, a cleft between tendon bundles.

in half an hour cut out the diaphragm, silver, mount in glycerine, whence one may observe the lymphatics, capillaries and valvate trunks.

The lymphatics of the *centrum tendineum* fill better if artificial respiration be kept up for ten to fifteen minutes. The peritoneum of the just-killed dog and rabbit absorbs fluid and solid particles about as rapidly as that of the living animal.

In every method one may expect frequent failures from trauma, *i. e.*, dragging, or too much brushing, and, occasionally, too little brushing. After very many trials and experiments to demonstrate the lymphatics of the *centrum tendineum*, we would give the following simple directions: Kill a rabbit, open the chest and abdomen with as little trauma as possible. Wind a little cotton on a toothpick and brush the abdominal side of the *centrum tendineum* with the cotton, wet in the animal's serum or distilled water, gently two or three times. Then pour over the tendon *in situ* two per cent solution of silver nitrate for three to five minutes. Serve the pleural surface of the tendon exactly similar. Now, with the most exquisite gentleness, cut out the diaphragm and place it in distilled water in the sunlight for a few hours. Snip off small bits with sharp scissors and mount them in glycerine. Preserve the whole specimen in Muller's fluid of ten per cent of formaline. For preservation, the specimen should be desiccated with alcohol, however, a very short time—one minute—or it will dissolve out the silver lines, a half minute in oil of cloves, and mount in xylol balsam. If one desires to have a clear nucleus, the specimen should be colored with hematoxolin for one or two minutes; and if a beautiful color is desired for the ground substance, the subperitoneal tissue, a very dilute alcoholic solution of eosin for about a minute will, perhaps, be sufficient.

A curious, but significant, feature of the *centrum tendineum* is that where the pericardial sac lies on the tendon, lymphatics fail. There would be no particular physiologic object in having the *centrum tendineum* sieve-like immediately under the pericardium, where it is adherent to the tendon, for the peritoneal fluids would then only pour into the pericardial sac.

The recognition of the lymphatics in the *centrum tendineum* after the application is easy and perfectly certain. We notice two kinds: (*a*) lymphatic trunks with distinctly visible valves, and (*b*) various kinds of capillaries and lymph spaces. By far the most typical location is on the pleural serosa of the tendon. It does not appear that the dog's lymphatic system is so well developed as that of a rabbit or guinea pig; hence, for the purpose of demonstrating, the lymphatics of the latter animals should be chosen. Under the microscope the lymphatic trunk consists of a distinct wall, composed of sinuous or spindle-shaped nucleated endothelium, which is beautifully brought out by the silver stain. The individual endothelial cell forming the lymph vessel wall may be enormously long, perhaps its major diameter by tenfold, showing a very nar-

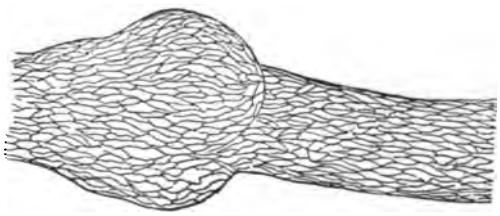

Fig. 9 (Stöhr, 1894). Represents a lymph vessel with valves drawn from the mesentery of a rabbit. Magnified 50 times. The endothelial are well drawn.

row and long spindle-shaped; or the endothelia may be very irregular in shape, and possess a sinuous outline similar to the cranial suture. The vigorous emptying and filling of the lymph vessels give elongated shape to the endothelia, as it does in the blood vessels. It appears that the endothelia of the lymph vessels possess stomata vera and spuria similar to the peritoneal serosa. However, this is denied by some investigators. The inter-endothelial space is just the same as that of the peritoneum; *i. e.*, consists of two dark parallel lines crossed transversely by anastomotic protoplasmic processes. But the most significant and characteristic feature of the lymph trunks are the valves, which appear on the vessels at very short intervals. The valves are a fold of the vessel wall, and pass generally entirely across the wall.

Frequently, at the valves, the endothelial change their course from a longitudinal to a transverse direction. Behind the valve the lymphatic trunk bulges out, and one can observe a succession of such

Fig. 10 (after Klein) represents a net work lymphatic channels on the peritoneal surface of the diaphragm of a rabbit, prepared with silver nitrate. (*a*) is a large lymph vessel (*b*) shows lymph capillaries, and (*c*) the beginnings of the capillaries.

dilations and constrictions of the vessels. In fact, on the pleural surface of the *centrum tendineum* the lymph vessels have so many valves that they resemble a succession of flasks placed one after another. Sometimes the valves have a beautiful curve, and where the valve exists the vessel is enormously dilated. Vast numbers of lymphatic trunks exist in the *centrum tendineum*. The lymph trunks are very much wider than blood vessels, and if one is puzzled to decide whether the vessels be for blood or lymph, all that is necessary is to trace the vessels to a valve which will decide in favor of a lymph trunk. Again, in blood vessels as large as an ordinary lymph trunk, one is able to observe longitudinal or circular muscular fibres. Besides, the contour of a blood vessel is even, while that of the lymph trunk is usually irregular.

The lymphatic spaces or capillaries of the *centrum tendineum* cover vast areas; in fact, in some specimens which happen to be well silvered and quite transparent, it appears that the whole of the *centrum tendineum*, except where the heart rests and the periphery of the tendon or peritendinea is simply a bed or space of lymphatics. The lymph capillaries or spaces in the central tendon are characterized by sinuous, spindle-shaped, or irregular nucleated endothelia. The word sinuous generally best expresses the shape of the endothelia. The capillary lymphatic system of the central tendon is vast, and one may frequently note the lymphatic capillaries by looking through the transparent endothelia of the pleural or peritoneal serosa. The lymphatic capillaries and trunks are seen to be connected, and all stand in open communication with the peritoneal cavity. Several layers of lymphatic vessels lie in the *centrum tendineum*, such as the capillaries immediately under the pleural or peritoneal serosa, the vast intertendinous lymph spaces, the straight lymphatics, the deep lymphatics, and those straight lymphatics which pass between the tendon bundles to connect the systems of lymphatics of the pleural and peritoneal side of the central tendon.

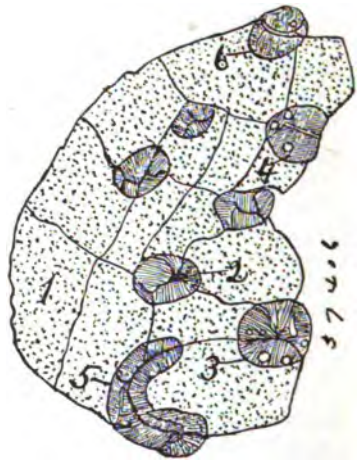

Fig. 11 (Author) Drawn from Frog's Cisterna Lymphatica Magna. (Oc. 2, ob. 8 *a*, Reichert). The surface directed toward the cisterna is shown. Eight stomata vera are shown; some partially open, others tightly closed. Some of the cells of the stomata vera are marked with nuclei. There are scores of other stomata vera adjacent and distributed similarly. 2, The stomata vera cells showing no nuclei; 3, with two nuclei; 4, with one nucleus; 5, an elongated stoma verum.

The distribution of the lymphatics in the *centrum tendineum* requires some time to determine experimentally and microscopically. The latter method I

practiced extensively, and found the trunks of lymphatics to pass (1) toward the costal periphery of the tendon, (2) toward the mammary vessels ventrally, and (3) toward the dorsal part of the tendon to reach the thoracic duct. The chief field for the lymph capillaries is toward the central portion of the tendon, and the vessels gradually widen toward the periphery, finally terminating in four large lymphatic trunks, two dorsalward to the thoracic duct, and two ventral-ward to the mammary vessels.

In the physiologic method of demonstrating the lymphatics of the *centrum tendineum*, we inject into the peritoneum of rabbits, especially (sometimes employing dogs and guinea-pigs), a solution holding in suspension particles of Berlin blue, killing them from a few minutes to fifteen hours later. Shortly after such an injection into a rabbit's peritoneum, say ten to fifteen minutes, the *centrum tendineum* presents a brilliant display of radiating blue lines passing from the dorsal region of the tendon toward the periphery in the intertendinous spaces. If the tendon is placed between the eye and strong sunlight, the blue lines are very apparent. With a strong lens the lines are still more visible. It must be remembered that in some experiments unaccountable failures arise, as we have to do with factors of peritoneal absorption not yet understood. For example, I took a dog of about seven pounds weight, and injected one hundred cubic centimeters of fluid (composed of Na. Cl. two per cent; two cubic centimeters of a five per cent solution of ferrocyanide and H_2O.) into the peritoneal cavity. Killing the dog in fifteen minutes, I found one hundred and thirty cubic centimeters in the peritoneal cavity, while the same dog dead a few minutes absorbed twenty-five cubic centimeters in fifteen minutes. I found that dogs and rabbits just dead absorbed fluid almost

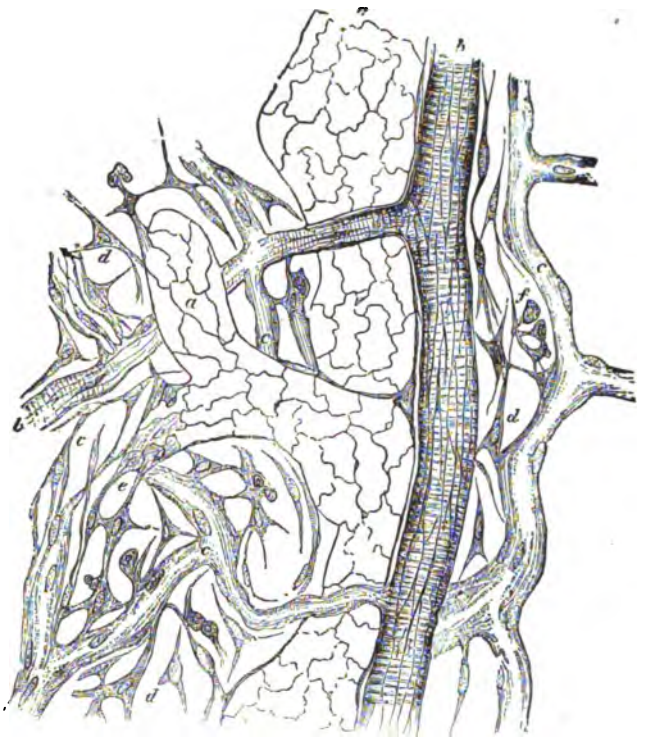

Fig. 12. (Hand-book for Phys. Lab., Vol. II, 1875). Surface of omentum of rabbit, pencilled and colored in silver. (*a*) Lymphatic capillary in the neighborhood of (*b*) an artery. (*c*) Capillary blood vessels, the wall of which is evidently in continuity with the numerous branched cell forms (*d*) in the ground substance. At (*e*) the endothelium of the lymphatic capillary is similarly seen to be in continuity with the cells of the ground substance. The blood vessel is invaginated, at least on one side, by lymph vessels. (Oc., 8; Obj., 7).

as fast as they did while living, and also quite similar standards prevailed in the same dog, dead or alive. It may be noted that the anterior efferent system of lymphatic vessels pass toward the posterior surface of the xiphoid cartilage and eventually along the mammary vessels to the retro-sternal glands, while the two posterior trunks of the central tendon empty into the thoracic duct just anterior to, or above, the point where it emerges from the diaphragm. The lymphatic vessels of each half of the diaphragm can communicate with each other. The lymph trunks of both systems are characterized by possessing spindle-shaped endothelia, many valves, and by lying chiefly between the two tendinous layers and the pleural serosa. The lymphatic capillaries emptying into these lymph trunks are characterized by sinuous endothelial walls which possess no valves, and have very irregular excavations in different localities and directions. Now, since we have a circular layer and a radiating layer of tendon bundles in the *centrum tendineum*, we will have straight or radiating lymph capillaries in the intertendinous space of the radiating bundles of tendons. Also straight or circular lymphatic capillaries between the circular tendon bundles. We may call them together intertendinous lymphatic spaces or capillaries. These have quite a uniform breadth with lateral sinuses or bulgings at various intervals. We also have another kind of lymphatic capillaries which lie chiefly under the pleural serosa, and are irregular and variable breadths. Hence we have two kinds of lymph capillaries: (*a*) The intertendinous, which run straight in a radiating direction, and in a circular direction corresponding to the directions of the tendinous bundles of the *centrum tendineum*. These two systems of deep and superficial capillaries communicate generally where they cross each other by short straight vessels; sometimes a large lymph vessel will suddenly become narrowed and pass between two tendon bundles to gain the other side of the tendinous layer. (*b*) The lymph capillaries which lie mainly under the pleural serosa, of variable breadth, with sinuous endothelia, and provided with excavations.

(To be continued.)

[Written for the MEDICAL BRIEF.]

The Physicians' Home—Its Organization, Promotion and Merit—Why a Blessing to the Medical Profession and an Honor to the Commonwealth of the United States—The Love of a United Brotherhood—The Crystal Spring of the Fraternity.

BY JOHN S. HARRIS, M. D.,
Minor Hill, Tenn.

The physicians' home, a proposed home or sanitarium for the medical profession of the United States, their widows and orphans, is now engaging the minds of physicians everywhere, because of the fact that the cause is a just, honorable, far-reaching and exalted one—one in which the heart, soul, mind and body of a dearly beloved profession rests. Nothing could reflect more credit to the profession, fill the pages of history more deserving, wield a hand more productive of good, than the medical or physicians' home. The Vanderbilts have donated large sums to institutions to live and perpetuate their name. The city of Louisville donated many thousands to the cause of medical education. The Government proposes to give one hundred thousand dollars to erect an insane asylum, but the medical profession could do more honor than all this by erecting a nice home to perpetuate the names, beautify the lives, strengthen and expand the cause of our noble healing art throughout the whole universe, and dedicate to future posterity the fruits of a well-spent life, and a noble home for the decrepit and infirm, worn-out members, their widows and orphans.

How grand, noble and sublime such a home would be, and how incalculable the good resulting. The medical profession is one of the grandest professions extant to-day. Its cause is more worthy, far-reaching and humane than all the professions combined. The attorney, to the best of his ability, defends his client, stands him up before the bar of justice, and looks well into his cause; his heart reaches out for his client and his interest; but alas! how much more deep humanity do we imbue, how much more

sincere and profound love and gratitude do we experience, and how many more hearts are aching around our throne of professional work.

We are first, last, always wanted, needed, obeyed and appreciated by the true, worthy homes of our land. Our cause is a large one, our work is a grand one, our deeds are pure, and our hearts are right. In fact, we are in the front rank of eighty million people to guide and direct their interest, then why not invoke the blessings of an all-wise God to assist us in the organization of this physicians' home.

Now as to its organization: Those who have examined July and August issues of the BRIEF will note articles on the subject, proposing a plan to raise, by subscription, enough money to erect a physicians' home, situate it at a point most suitable to meet the demands of such an institution, dedicate it to the medical profession, and set it apart for the poor, worn-out physicians, their widows and orphans.

At first my idea was that the fund could be raised by one dollar each, but owing to it being impossible to reach every physician and to insure success, it has been suggested to raise the amount to five dollars. In the United States there are about one hundred and seventeen thousand five hundred and twenty physicians. If we can reach one-fourth of this number, it will make a sum of over one hundred thousand dollars. Even should we reach only one-eighth of the number it will insure success.

Now my idea, as before stated, is to issue a life certificate to every stockholder, giving him and his family the rights and privileges of this home for life. From the consensus of opinion expressed by those interested, the home should be erected by the physicians' fund, run and supported by taxation, *i. e.*, make it an ideal home, a sanitarium for the treatment of physicians and their families only, and not receive outside patients, as this would conflict with the welfare of other sanitariums, and medical men who would otherwise be its friend.

This, in my judgment, is decidedly the better plan, as the amount to be raised annually for expenses could not exceed one dollar each to every stockholder, covering as it will every item of expense. The advantage of this plan is that every physician in the United States would be its friend.

Now as to the situation: The situation of this home is one of the first important items to confront us. It should be admirably situated, remote from malaria, on large, spacious grounds where the atmosphere is pure and salubrious. To know the point, the State in which this home is to be situated, will be of decided interest to the organization, therefore, I have decided in my next communication to name a committee, composed of five competent medical men of different sections of the country, to determine upon the location.

In review of the government of this home, its policies and purposes, we desire to state plainly the following: It is a home for treatment without cost to any medical stockholder or any member of his family only, and not to non-stockholders. This is referable to those of the company who desire treatment only. As a home for the infirm, worn-out, poor deserving medical man, whose financial ability is inadequate to meet the demands, to him or any member of his family (upon good authority of the same), we accept them whether stockholders or not. This would give the poor the advantage of such an institution, which is the true motto. It could be made in this way an ideal home, the pride and glory of the medical profession. It would prove a manifold blessing to the fraternity, and an honor to our glorious United States. Ultimately, have a library, a training school for the poor little sons of the fraternity. How many Clays, Calhouns and Websters might originate from this institution? Moreover, it would unite the brotherhood into one solid spirit of love, charity and benevolence. I am deeply in for the home, have no axes to grind, nor plumes to pluck. Will give liberally to the institution, and answer all inquiries relative to its organization whether a stamp is inclosed for reply or not. So now brethren, write me by mail your views, and whether or not you desire membership.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Medical Practice Acts.

BY SLOAN FITZER,
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I have been reading a series of articles published in the MEDICAL BRIEF written by R. C. Bayly, A. M., M. D., of Decatur, Ill., on the legality of the Medical Practice Acts passed in the various States, and particularly, in the September number, the Medical Practice Act of Ohio.

Now, while I do not care to take issue with the gentleman on the question as to whether these acts are unwise and unjust—for I agree with him on that proposition—I do take issue with him on every other proposition stated, and believing that the Editor of the BRIEF wishes the readers of the BRIEF to be fully informed, I trust you will give space to the following, which, in my humble opinion, is the law:

The gentleman is evidently uninformed or mistaken as to what the law really is on the subject, or he would not make such broad assertions which have no foundation whatever. A cause misrepresented or poorly represented is worse off than no representation at all.

Now, to place the case squarely before the readers, I will state the issue, and then state my views on same, together with quotations in support of same.

First, are the Medical Practice Acts, as passed by the several States, unconstitutional; that is, are they in violation of the Federal Constitution?—which says: "No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States." Section 2, Article IV.

The American and English Encyclopedia of Law, Second Edition, Volume 6, page 69, says: "In this country, where from the form of our government there results a sort of dual citizenship, it is conceded that there are certain rights belonging to persons as citizens of the States, and others belonging to the same persons as citizens of the United States."

"Though neither class of rights (those of the citizens of the State, as such, or of the United States) has ever been precisely defined, it has been declared with reference to the former that they are such rights as are *fundamental*, and belong of right to the citizens of all free governments."

Note six on same page says: "The civil rights of the citizens of each State in every other State are secured in Section 2 of Article IV. of the Constitution of the United States by the provision that 'The citizens of each State shall be entitled to all privileges and immunities of citizens in the several States.' As to the construction of the words 'privileges and immunities' as here used, Mr. Justice Washington, in Corfield *v.* Coryell, 4 Wash. (U. S.), 371, which is referred to in Slaughter House Cases, 16 Wal. (U. S.), 75, as the leading case on the subject, said: 'The inquiry is, what are the privileges and immunities of citizens in the several States? We feel no hesitation in confining these expressions to those privileges and immunities which are in their nature *fundamental*, which belong of right to the citizens of all free governments, and which have at all times been enjoyed by the citizens of the several States which compose this Union, from the time of their becoming free, independent and sovereign. What the fundamental principles are it would perhaps be more tedious than difficult to enumerate. They may, however, be all comprehended under the following general heads: Protection by the Government, the enjoyment of life and liberty, with the right to acquire and possess property of every kind, and to pursue and obtain happiness and safety; subject, nevertheless, to such restraints as the Government may justly prescribe for the general good of the whole.'"

The Hon. Thomas M. Cooley, the most eminent writer on constitutional law in this or any other country, in his work on Torts, second edition, page 341, says: "No one has any right to practice law or medicine except under the regulations the State may prescribe

"To practice in the courts or to practice medicine is *not* a privilege of citizenship, and is, therefore, neither given nor protected by or under the Civil Rights Act of Congress or the new amendments to the Constitution. The privilege may be given to one sex and denied to the other, and other discrim-

inations equally arbitrary may doubtless be established."

As the same law applies to attorneys and physicians, I will cite the gentleman a case in his own State, of a woman seeking admission to the bar, which, after her being debarred in the lower court, the same was carried to and affirmed in the Supreme Court of Illinois, was then carried to the Supreme Court of the United States and affirmed. It is reported in 55 Ill., p. 535, S. C., 16 Wal. 130. Among other things the Court says: "In regard to that amendment counsel for the plaintiff in this Court truly says that there are certain privileges and immunities which belong to a citizen of the United States as such; otherwise it would be nonsense for the Fourteenth Amendment to prohibit a State from abridging them; and he proceeds to argue that admission to the bar of a State of a person who possesses the requisite learning and character is one of those which a State may not deny. In this proposition we are not able to concur with counsel. We agree with him that there are privileges and immunities belonging to citizens of the United States, in that relation and character, and that it is these and these alone which a State is forbidden to abridge. But the right to admission to practice in the Courts of a State is not one of them. This right in no sense depends on citizenship of the United States. It has not, as far as we know, ever been made in any State, or in any case to depend on citizenship at all."

The gentleman seems to be a little mixed on the question of "No State shall pass" an "*ex post facto* law, or law impairing the obligation of contracts," as he quotes from the Constitution. First he says, "The Ohio Practice Act is an *ex post facto* law," and then he says "it impairs the obligation of a contract, as the State enters into a contract with the doctor," then he ends by saying "it is an *ex post facto* law." An *ex post facto* law and a law impairing the obligation of contracts are two different kinds of law. An *ex post facto* law applies to criminal matters solely, while the other applies to contracts. Let me quote you Mr. Justice Story on the Constitution in regard to *ex post facto* laws, page 213: "The general interpretation has been, and is, that the phrase applies to acts of a criminal nature only; and that the prohibition reaches every law, whereby an act is declared a crime, and made punishable as such, when it was not a crime when done."

The gentleman says "Listen: Full faith and credit shall be given in each State to the public acts, records and judicial proceedings of every other State." If we take his construction of the above clause it is a two-edged sword and will cut both ways. He says because he is made a physician in Illinois, Ohio is bound to recognize the act of Illinois. If that be true why not the physicians of Illinois recognize the law of Ohio and comply with the Ohio law when they move to Ohio?

As to the officers of States violating their oath of office, the laws being constitutional, that part of his argument falls to the ground, and needs no comment.

In conclusion he cites two cases, which are not in point, to support his entire proposition.

Now, if these statutes are not unconstitutional, what is our remedy? I will venture the assertion that the people of another State have no remedy. They must simply comply with the law. But the people in the State in which the law is enacted have a remedy. Let me quote you once more Judge Cooley: "The rule of law upon this subject appears to be that, except where the Constitution has imposed limits upon the legislative power, it must be considered as practically absolute, whether it operates according to natural justice or not in any particular case. The courts are not the guardians of the rights of the people of the States, except as those rights are governed by some constitutional provision, which comes within the judicial cognizance. The protection against unwise or oppressive legislation, within constitutional bounds, is by an appeal to the justice and patriotism of the representatives of the people. If this fail, the people in their sovereign capacity can correct the evil; but courts can not assume their rights. The judiciary can only arrest the execution of a

statute, when it conflicts with the Constitution. It can not run a race of opinions upon points of right, reason and expediency with the law-making power. Any legislative act, which does not encroach upon the powers apportioned to other departments of the Government, being *prima facie* valid, must be enforced, unless restrictions upon the legislative authority can be pointed out in the Constitution, and the case shown to come within them" Cooley Con. Lim., page 168.

The remedy is with the people of the State themselves. Send legislators to enact your laws who will pass the right kind of laws, and if they do not, retire them and send others.

In Colorado the Legislature passed one of the most far-reaching and abominable practice acts that could be conceived, by a union of the Regulars, Homeopaths, and Eclectics, but thanks to kind Providence and the people of Colorado they had elected a Governor that was not afraid to use the veto power vested in him, and the law which Governor Thomas said he considered as "unjust oppression and obnoxious to the general welfare," never went in force.

[Written for the MEDICAL BRIEF.]

Limit of State Police Powers.

BY J. W. LOCKHART, M. D.,
St. John, Wash.

I have carefully read Dr. R. C. Bayly's articles on medical legislation in the BRIEF. His arguments are, in the main, good, but his conclusion erroneous. He shows very conclusively that class legislation by the several States is all wrong and unconstitutional, but insists that the same kind of class legislation by Congress is all right and constitutional. That which is a crime against humanity when done by a State is no less a crime against humanity when done by the United States Congress. Congress has no more right to enact a law to regulate the practice of medicine than to enact laws to regulate each and every practice or business conducted within a State. I move, therefore, to strike out the word "doctors" in the second and eighth lines of Dr. Bayly's proposed bill and substitute the words, "American citizens." The police power reserved to the States by the Federal Constitution is sacred and distinctive, and not to be interfered with by the National Government for light or transient causes. The limit of this power is the line of demarkation between a republic composed of several States and an empire or kingdom. It is only when a State exceeds the limit of its constitutional right in this matter by infringing the rights and privileges of citizens guaranteed by the Constitution of the United States that the Federal Government has any right to interfere; and then only to define the limit of the State police power.

Mr. W. D. Guthrie, in his "Lectures on the Fourteenth Amendment," says: "It has often been declared (by the Supreme Court) that a statute under the police power is invalid unless it appears to have a real and substantial relation to the public health, morals or peace, and that any interference with individual liberty must be justified by some vital necessity, and can not be carried beyond the scope of that necessity."

Measured by this standard of constitutional law the legislation that now disgraces the profession is not only unconstitutional, but the rottenest kind of class legislation. It has never been shown that these laws bear any real or substantial relation to the public health or morals or peace. Nor has it been shown that there is any *vital necessity* for these laws. To ask Congress to enact such a law is to admit a "real and substantial relation" and a "vital necessity," and to admit, *a fortiori*, the right of the States to enact such laws.

Again, I object to Dr. Bayly's proposed law because it ignores the rights of many undergraduates who have been practicing medicine successfully for many years, and most of whom have been licensed by "years of practice acts." No doubt these undergraduates are just as honest, just as well educated and just as successful as hundreds of young men who have graduated from "legally chartered medical colleges." Is there any *vital necessity* for a law depriving them of their just rights? Some of the most popular medical writers in this country are undergraduates.

[Written for the MEDICAL BRIEF.]

Acute Prostatitis.

BY C. R. ATCHISON, M. D.,

Late Professor of Dermatology, and Genito-Urinary Surgery, University of Nashville. Late Secretary Tennessee State Medical Society, Member American Medical, Tri-State, Tennessee State Society, Southern Surgical and Gynecological Association and Nashville Academy of Medicine.

Nashville, Tenn.

My apology for offering for discussion a time-worn subject to a body of competent physicians, especially when I can present no new literature in regard thereto, lies in the number of cases that have been recently referred to me, in which either the diagnosis had been after several days' duration, or overlooked altogether. The great prevalence of this disease alone is sufficient to warrant us in keeping it more frequently before us, in that prominent observers are inclining to the opinion that all cases of acute gonorrhea will, to a greater or less extent, involve the prostatic membrane. A somewhat extended experience in the treatment of these cases furthermore warrants me in the statement that we are also responsible for a considerable percentage of them in our careless or unnecessary use of instruments in their examination or treatment. I feel, therefore, that it cannot be taken amiss to sound another note of warning in regard to the value of prompt diagnosis and careful handling of these cases involving the prostatic tissues.

Were we all specialists in this kind of work, such words would be unnecessary, in that a case of acute prostatitis offers to them a clinical picture that should be easily recognized, but to those who are busily engaged in general practice, and who treat these conditions under protest merely because they occur among their regular patrons, a serious blunder in diagnosis or examination is not an uncommon occurrence. I shall therefore give a brief description of this disease and some of the evils that follow it, dwell upon the most characteristic of its symptoms, and conclude with a brief resumé of its treatment, and I shall do this in as few words as possible.

The most frequent cause to which this disease is attributed is, as I have said, gonorrheal urethritis, though it is by no means unusual in simple urethritis, especially in those who have strictures. I have seen it not infrequently in those who are victims of the habit of masturbation, while it is also one of the penalties paid for excessive sexual indulgence. Former prostatic disease, tubercle cancer, violent exercise, together with rheumatic and tubercular diathesis, are all mentioned as etiological factors, while we also find mentioned, usually in an inconspicuous place, traumatism as one of the causes, and especially that form of traumatism that is occasioned by the use of instruments. I would respectfully suggest that we pay more attention to the latter in considering the causative factors. The number of causes that contribute to its presence is enough to insure its frequency, while the grave conditions that may be the direct result of it, makes it of sufficient importance to warrant our most careful consideration.

It may be entirely superficial in character, involving only the prostatic membrane and the mouths of the follicles, with a tendency to pursue a mild course. This is the more frequent form, known as follicular prostatitis. Should the inflammation assume a more violent type and penetrating deeper, involving the body of the prostate and the periprostatic tissue, it is known as parenchymatous prostatitis, and is more than likely to occasion much trouble in its handling. The next step will be the formation of one or more abscesses.

The symptoms of the follicular variety will vary decidedly, with the amount of congestion and inflammation present, and will range from those of mild discomfort to intense suffering. There may or may not be a sense of itching present, though there will be a feeling of discomfort and heaviness in the perineal region, together with a desire to urinate, that will be more or less persistent and urgent. This desire to pass water is somewhat distinctive and different from that of cystitis, in that it may be controlled, and moreover, the

periods between the acts of micturition are almost normal, unless, of course, there is some involvement of the neck of the bladder in the inflammatory process. In mild cases, even the increased desire may be slight enough not to have sufficiently impressed the patient to cause him to make mention of the fact, without questioning upon the part of the physician.

Pus is the next symptom to be mentioned, and is, of course, a constant one, if there be urethral disease as a primary cause. The amount of pus, like the pain, will depend entirely upon the acuteness of the inflammatory process. It will be found in the first flow of the urine, as it will be then collected from the follicles, or from the prostatic sinus, and swept out in the first portion of the voided urine.

Should the case be a severe one, the pain may be more persistent and last for some time after the bladder has been emptied, while the voiding of the urine may be followed by the passage of a few drops of blood. This, of course, indicates a high degree of inflammation and congestion. When the entire gland is suddenly involved in acute disease, the attack is sharp, accompanied by a greater or less degree of temperature, and often preceded by a chill. There will be no difficulty in referring the trouble to the prostatic region, because of the dragging, or bearing down sensation experienced. This class of symptoms is frequently witnessed after the careless use of instruments, though when they are high, and the chill is a more prominent feature, the possibility of the presence of an abscess should be remembered.

Micturition now causes agonizing suffering, and the vesical spasm, due to the few drops of urine remaining in the bladder, is intense and violent, though we again find this difference as compared with inflammation of the bladder, that the necessity of passing urine is not imperative, except at the time of the paroxysm, the patient being easily able to control this function at other times. This latter symptom is, of course, of no value when there is any involvement of the bladder neck. Physical examination should give final and conclusive evidence of the nature of the malady, provided that there is not such involvement of the periprostatic tissue in the inflammatory or suppurative process as to disguise the character of the tumor. In the more typical cases, which are the more common, examination through the rectum exhibits a tumor of considerable size, and is hot and swollen, throbbing and exquisitely painful to the touch. The tumor is easily detected and examined, and may be found to be either symmetrical, or confined to the half upon either side.

Should the body of the gland become invaded by suppurative conditions, there will be a marked aggravation of all the symptoms. Rigors and chills, high temperature and malaise are among the most prominent subjective signs, while the local manifestations are equally aggravated. Now, even the slightest movement of the body will be found to occasion intense suffering, while the sensitiveness of the rectum is such that defecation becomes almost impossible through reason of the pain it causes. These symptoms promptly subside upon the evacuation of the pus, provided the disease pursues the favorable course that we may expect; but on the other hand there is the danger of general systemic infection, with all the gravity and danger to life that the term ordinarily implies. When abscess of the prostate occurs, we are face to face with a complication that may occasion us a great deal of trouble, and be a source of extreme danger to the patient. Generally it will break into the urethra, that being the direction of least resistance, and the rupture will likely occur while he is passing water, in spite of spasmodic resistance, or while making efforts to defecate. The disease may now pursue any one of several courses. It may completely evacuate itself and heal promptly, and this is fortunately a common method, or it may be but incompletely evacuated, thus rendering the patient liable to the more serious complications, such as infiltration of urine, septicemia and fistulous sinuses. These openings may be either in the rectum or in the perineal tissue.

If I may be allowed to give a brief and more condensed resumé of the symptom-

atology of this subject, I will mention a few of the more prominent characteristics whereby it may be differentiated from the urethritis with which it is more commonly associated:

1. When uncomplicated with inflammation of the bladder, the spasm of that organ will be much less in prostatic disease, than when the bladder itself is inflamed, and this symptom will, therefore, be much less prominent and distressing.

2. Rectal examination reveals nothing in bladder disease, while in that under discussion there will be found the more or less characteristic tumor already mentioned, in which sensitiveness will be especially marked.

3. While passing urine, the patient will suffer as long as micturition endures, while in cystitis, pain becomes a prominent feature at the end of the act, when the characteristic spasm takes place.

4. The last part of the urine that comes from an inflamed bladder, will often be found tinged with blood, together with the presence of pus. The blood may be almost pure. In prostatitis the urine is ordinarily normal.

5. In cystitis the difficulty in passing urine is due to spasm, and practically never leads to complete retention, while in prostatitis the interference is not only spasmodic, but mechanical as well, and may lead to retention.

6. The last of these symptoms that I shall dwell upon is the character of pain, as well as its location. In cystitis, the pain (I now mean perineal pain) is but slight, and radiating in the direction of an anal opening, while in prostatic inflammation, the perineal pain is not only marked and easily located, but is most intense and increased by the slightest movement, while defecation, as I have said, is accompanied by agony.

The treatment in these cases is more or less classical in general, the differences being more a difference in method according to the physician, rather than any radical change in its general outline. Rest, preferably in bed, regular habits, proper diet, including careful avoidance of all highly seasoned and fatty or greasy foods, and regulation of the bowels, are all necessary adjuncts to proper treatment, and are so well understood that the mere mention is all that is required. The indications for internal treatment are: first, to so modify the urine as to render it bland and unirritating as it passes over the inflamed membrane. For this purpose it is usual to administer drugs to reduce acidity, unless the same effect can be sufficiently induced by imbibing large quantities of water, the latter, of course, being preferable, when efficient. The various alkaline drugs are used for this purpose, the best of the lot being the citrate of potash, in that it is most grateful to the stomach and less irritating in its action. It deteriorates upon keeping, and therefore should always be prescribed in small quantities. The dose is from five to fifteen grains, three times per day, according to effect. When this fails, or disagrees with the patient, vichy water, several times per day, may be tried in its place.

The second indication is the administration of those drugs that exert a favorable influence upon the membrane itself, as the drug, carried by the urine, passes over it. In this class may be mentioned, balsam copaiba, which is a time-worn and time-honored remedy for all inflammatory conditions of the urethral tract. The fact that it is cheap, pure, and abundant, renders it quite a favorite. There is no question that this drug has suffered much abuse in its administration, for though it has decided value, there are times when it is absolutely injurious, notably when used during the early stage of acute gonorrheal inflammation. It has the advantage that it may be given in all manner of combinations, though generally used in the form of capsules, in that it is more palatable. The possibility of eruptions upon the skin, headache and gastric disturbance, are among the untoward effects that may follow its use. Cubebs is another drug that has been used for time immemorable, and in that it has stood the test so well, is supposably of value. Like the drug just mentioned, it has distinct value in certain stages of early urethral inflammation, but should not be used at all times alike. The powder, fluid extract and oleo-resin are the preparations. It has some of the disadvantages of copaiba, but has the advantage of it, in that, in small doses, it has some

value as a digestive stimulant and a tonic. Among the evil consequences of its use is that when there is any involvement of the neck of the bladder, it will be distinctly irritated by this drug, and if it is pushed too far, it may even cause irritation of this viscus when it is not previously involved. The wise course to pursue in those cases of acute inflammation, therefore, is to use the diuretics and demulcents at first, and finally fall back upon the drugs after the acuteness has begun to subside. Turpentine and cantharides are other drugs in use, notably in the declining stage, but are rarely used unless as a last resort when the others have failed. The last of the drugs for internal medication to be mentioned is the yellow oil of santal wood, which is quite widely used and has excellent results along the same line as those already mentioned. For the past few years I have been in the habit of prescribing Sanmetto, since it has proven a most excellent remedy with my practice, both in the declining and the acute stages. It not only renders the urine bland, but has a direct favorable action upon the urethral tract as it passes out. It has the advantage of practically never causing untoward symptoms, as do the older remedies, with their sequelæ of rashes, headaches and gastric disturbances.

The use of internal antiseptics, such as salol and methylene blue, has been much vaunted in times past, but the lack of any decisive results has been so universal as to cause their practical discontinuance. Local treatment will, of course, also vary in accordance with the stage of the disease and the acuteness of the inflammatory process. The drugs used in this form of treatment are selected either for their astringent, stimulating or germicidal effects, the character of the case determining the selection, and are introduced by means of injections, irrigations, instillations and bougies.

As I have said, when the disease is acute, we must, and do, generally rely upon internal medication alone to accomplish the desired results. When the acute period is passed, however, and we have the prostatic region involved in a sub-acute inflammatory condition, we have reached the place where the local measures may well be adopted. I do not mean to suggest that we should never use the copious irrigations of potassium permanganate in the acute stage, or the use of silver preparations, since their use by those prepared for the treatment has given results that have made them permanent additions to urethral therapeutics.

The common and well known astringent preparations in general use are sulphate of zinc, subacetate of lead, bismuth, sulpho-carbolate of zinc, permanganate of potassium and the fluid extract of hydrastis. Their doses, actions and proper uses are all too well understood to require any further or more extended mention. For urethral and intravesical irrigations I refer you to Janet's method, in which his manner of using the permanganate of potassium very nearly revolutionized the local treatment of urethral inflammations. I will close with a mere reference to the extreme value of silver nitrate, in solutions of varying strength, as a deep injection or instillation in the persistent sub-acute or chronic cases. When used in the declining stage of superficial prostatic inflammation, it is begun in the strength of two and a half per cent, and running up as rapidly as possible to ten per cent.

Since the title of this article is acute prostatitis, I shall not touch upon the treatment of any of those severe and unfortunate complications that are liable to result from this disease; but on the other hand I have contented myself with a brief statement of the most approved means by which these results are most apt to be avoided. No matter how exquisite the care, or how great the skill of the physician, there will always be a considerable number of these cases, but if we are careful to follow the rules plainly laid down, both for diagnosis and treatment, I am satisfied that the number will be largely reduced.

Pil. Quin. Dad.

Dr. Nathaniel Blitzer, 161 Orchard Street, New York, says: Pil. Quin. Dad. merits great praise and professional commendation.

[Written for the MEDICAL BRIEF.]

Some Rainy Day Thinks.

BY RALPH ST. J. PERRY, M. D.,
Farmington, Minn.

There are some things which it seems hard to beat into the heads of the average run of mortals. This is especially true of medical matters. It seems to be very hard for them to comprehend:

That the practice of medicine is a business—

That it is just as much a business as the manufacture of machinery, or plumbing, or printing, or any other trade whereby mortals earn a living—

That there are just as many things to learn about it—

That it requires not only a natural aptitude, but years of hard study, work and energetic hustling to learn it—

That while no man knows all about it, a degree of expertness can be attained which has just as great a money value as expertness in any other vitally important branch of human industry—

Some day people will find this out—

Very few seem to know it now—

Ask the ordinary citizen what he knows about zoology, anthropology, geology or ornithology, and he will freely tell you that he knows nothing about them—

He will tell you that he is a machinist, or a plumber, or a printer, and that he does not bother with bugs, or stones, or dead people—

Ask him what to do for a felon, or a cold, or an attack of urethritis, and he will freely tell you all about just what to do to get rid of it—

Not only are all the subtle intricacies of the uses of medicines dead easy to him, but all the tremendous amount of technic involved in surgical treatment, and the countless other things which enter into the practice of medicine are as an open book to him—

If there is any living mortal who can explain to me why these things are thusly, he will earn my everlasting gratitude by so doing.

Some days ago I was up in St. Paul wearing my "joshing clothes," and ran across a friend who was in search of free medical advice. Said he, "Do you know of anything good for a mouth wash?" I suggested Culmbacher, Schlitz, Pabst, and said that I had heard of some people who used McBrayer; but my suggestions were resented, so I wrote him a recipe which read as follows:

℞ Listerine (*Succus pura*).....4 ozs.

Together we sauntered into a nearby pharmacy to get the prescription filled. After some few minutes the clerk reappeared from behind the prescription counter, his noble brow wrinkled in deep study.

"Who is this Dr. Perry that wrote this prescription?"

"This is him right here," said my friend, nodding towards me.

"Well, Doctor, we ain't got this make of Listerine. I've never had a call for this make before."

"Have you not got any of the only genuine—Lambert's?"

"Yes, I think so."

"Well, that is what I want."

And hereafter I shall be very careful how I go joshing amongst the St. Paul druggists.

The code of ethics is the criterion by which we judge the sins of other doctors.

The country doctor is frequently a fool in certain matters wherein others are wise; but that does not make him out a fool, all the same.

In a consultation, first define the terms used. Half the time this would stop all disagreements and argument.

It is a hard matter to study medicine "for the love of science" on less than a thousand dollars a year.

Too large a practice has been known to crowd out happiness, religion, goodness—and even love.

Shoes that are given a rest wear twice as long. So do doctors.

A poor surgeon quarrels with his tools. A good surgeon ought to quarrel with bad tools, but usually he goes ahead and does the best he can with them.

Hitch your wagon to a star. Many a specialist who poses as a star is willing to act as a hitching post.

A short time ago I was called to the western part of this State to operate for one of my friends, who does not make a

specialty of surgery. After the operation, and while sitting around the friend's office waiting for train time, a man came in with an inflamed eye.

"Hello, Bill, what's the matter?"

"Got a ton o' coal in my eye."

"Well, sit down and we'll dig it out for you."

Bill sat down, and my friend deftly turned the eyelid up and picked the offending carbon out of the eye with a piece of a toothpick. How he did it with his big, pudgy fingers was a mystery to me.

"How much, Doc?"

"Oh, I guess fifty cents."

And the patient went away happy, sans coal cinder, sans money, and sans directions for future treatment of the eye.

On my way home I came by way of St. Paul, and stopped off to see the boys. One of them is an eye and ear specialist. While discussing the pro and conness of things professional, there came into the office a man with an inflamed eye

"Doctor, I have a very sore eye; I am afraid something is in it."

So my friend, the specialist, placed his patient in his oculist's examining chair, bathed the eye with antiseptic solutions, applied cocaine, tenderly everted the lid, and with a sterilized needle carefully removed a small cinder. Then there was more bathing with antiseptics, a fine gauze dressing was applied, and the patient given a learned discourse upon ulcerations and inflammations of the eye, and dismissed with an injunction to come again.

"How much are your charges, Doctor?"

"Five dollars."

Country folks who get coal cinders in their eyes are to be congratulated.

Spray in Laryngeal Phthisis.

℞ Pure Wood Creasote.....2 drops.
Ol. Sassafras.....1 drachm.
Lactic Acid.....2 drachms.
Listerine.....2 ounces.
Alcohol.....q. s. ad.....4 ounces.

M. Sig.: Teaspoonful in two ounces of warm water.

Use as a spray for the throat, inhaling deeply as possible five to ten minutes at a time, every one to three hours, during the day, and when awake at night.—SMITH, *Prescription.*

[Written for the MEDICAL BRIEF.]

Sanitarium for Physicians.

BY CHALMERS A. PARKER, M. D.,
Fort Worth, Tex.

Referring to Dr. James B. Hole, of Salem, Ohio, page 1324, September number BRIEF, in reference to the building of sanitarium to be controlled by physicians only, as suggested by Dr. J. S. Harris, of Minor Hill, Tenn., I am heartily in favor of the building, but believe the membership fee should be at least five dollars. The physicians of the United States need just such a sanitarium. I am inclined to think Niagara Falls would be undesirable, because of its being so far north. A more central place, I think, would meet the hearty approbation of the physicians of the United States. Perhaps Canada would join us. Then the location would not be so objectionable.

[Written for the MEDICAL BRIEF.]

A Case of Obstetrics.

BY J. W. DAVIS, M. D.,
Allons, Tenn.

On April 6th I was called to see a woman, thirty-seven years of age. On examination found vagina fully dilated, tumifaction of abdomen and bearing-down pains, and every symptom of labor, but no progress. Upon further examination a tumor presented itself, and not a fetus. This tumor had grown to attain a size similar to that of a child, too large to pass through the pelvic orifice, and of a solid, fleshy substance. But instead of taking the knife, I made a syringe with a needle five inches long, and injected iodine into this tumor twice a day till putrefaction set up. In a short time it became hollow and collapsed, and partly appeared external. This part I cut away and still continued the injection of the iodine, and administered ergot, one teaspoonful three times a day, with a constitutional treatment. In four weeks this tumor all came away; weight something like eleven pounds. After which I cauterized in the *fundus utera* the place of attachment, and the woman at present is in good health.

THE MEDICAL BRIEF

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Editorial.

Autumnal Diseases.

During August and September the cerebro-spinal system is weakest and most susceptible. The drawing power of the sun has established a greater or less degree of congestion in the head. Constant variation in atmospheric states keeps the spine in a state of vibration. Flashes of heat and rigors chase each other up and down. By and by the more feeble ones succumb to some one of the autumnal diseases.

Hay fever is perhaps the mildest of these, although the sufferer does feel that life is scarcely worth living. Here the congestion of head leaks out through the nasal mucous membrane, and the individual manages to keep going. A thorough purge with castor oil, Cactina Pillets to tone up the enfeebled heart, with a judicious mixture of Peacock's Bromides and Fowler's solution will brace up the trifacial nerve.

Where bile is deficient, we are apt to have choleraic and dysenteric discharges. Capillary circulation in the bowel is practically paralyzed, the vessels leak their contents into the bowel, there to undergo fermentative and putrefactive changes, irritating the pneumogastric nerve into paroxysms of agonizing and debilitating peristalsis.

The indications are: To stop the poisonous changes going on in the intestinal secretions by flushing out the gut with salines or hot enemas, then administer Listerine in corrective doses. Gently stimulate the liver with Chionia. Apply mild counter-irritation along course of upper spine. Hot turpentine stupes to abdomen, hot bottles to legs, cold compress to head. Rub the surface of body with alcohol to relieve irritation of nerve centers.

Nourish with egg-water, rice water, beef juice, preparations of malt. Use carbonated waters, cracked ice and iced tea to control thirst.

The fluids of body must be kept up, shock allayed and the production of poisons in the bowel stopped. Nutrition will not proceed until a measure of harmony is restored and the reckless waste of vitality stopped.

The fevers of autumn are mostly of a nervous character. The bilious element predominates in certain localities and individuals. Quick cures are the exception in nervous fevers with any treatment, because the patient is usually completely worn out before he surrenders. At the time he is taken the atmosphere is enervating and relaxing, the air full of dust, decaying vegetation, miasm from stagnant pools, nutrition is run down from want of appetite and broken sleep.

The fever, in such cases, is often a masked recuperative process. The con-

stant mild elevation of temperature stimulates the nervous system and burns up tissue waste. Symptomatic treatment with good nursing and hygiene answers best in nervous fevers, but nutrition must be carefully looked after and some kind of a balance preserved in the progress of the pathological process.

Bilious fever is easier to control. These patients have some fiber and their organization will stand more tinkering.

Start up the liver and the secretions generally. Give them a few days dieting followed by one Pil. Quin. Dad thrice daily as a tonic, and they will come around all right.

Palliative Medicine.

Healing is, of course, the ideal in therapeutics, yet the principle of palliation has its just place in medicine.

We are never to resign the ideal of cure for the makeshift of palliation, becauses our powers of discrimination are not sufficiently developed to pronounce judgment upon Nature's powers of recuperation. While there is life there is hope, and we can not afford to give up the search for remedies. But, in the meantime, palliative measures can make life much more comfortable for those who come into the world diseased, or have lost their birthright of health.

A cure is a complex problem, involving as it does the habits, occupation, environment and mental condition of a patient. It calls for study, research, medicine, instruction and advice. It is as deep, as broad and as varied as life itself. But palliation is superficial and deals with details.

The tonic prescribed for general debility palliates a man's condition. So does the emetic or cathartic which empties a loaded stomach or bowel, or the remedy which checks determination of blood to the head, with consequent dizziness and headache. These medicines may or may not cure, according to whether the cause is temporary and accidental in its nature, or rooted in the constitution.

A burn on the leg treated by palliatives is soothed and is soon well, but a chronic ulcer persists in the face of all mere palliative medicine. A constitutional tendency to weak and inflamed eyes may resist all efforts to bring about a cure, yet palliative treatment may enable the individual to use them with a fair amount of comfort.

While radical cures will always be our ambition and inspiration, palliation, with our imperfect knowledge, is not to be despised. Superficial acquirements have their own especial value. They not only open the door to greater knowledge, but lessen the fret and friction of our efforts.

Sometimes disease is so thoroughly established in the system that vital force has retreated to the nerve centers. Then life and pain become synonymous terms, as in bad cases of cancer and advanced organic disease. Here palliation achieves its greatest triumphs.

Suggestion is a palliative measure of great value. The psychoses are being recognized as mental diseases which find physical expression in the general term neurosis. These mental diseases are best reached by suggestion, philosophy and discipline—all palliatives.

Gunpowder Civilization.

There are many good citizens who think it the easiest thing in the world to civilize a barbarous people by sending a few missionaries to tell them that our ways are better than theirs, and assure them of a hot time in the world to come if they fail to appreciate the information.

Now the "ways of peace" are certainly to be preferred, as civilizing a people who don't care about it is an arduous and thankless task at best. But unfortunately the only people who appreciate the "ways of peace" at their true value are those who have learned to love and hanker after said peace by an intimate and drastic acquaintance with war.

For this reason enduring civilization is based upon considerable experience with gunpowder.

It is all very well to denounce "force methods", but there is a place in Nature for the utility of force, and nothing can take its place. A sermon preached in a rock quarry on the advantage to man-

kind of rock in handy pieces, would have no effect, however choice the language or finished the oratory; but a charge of dynamite settles it.

The preachings of missionaries have little influence over a people hardened by centuries of caste and tradition. Environment, social organization and customs, the pressure of the past, combine to make an unyielding race sentiment, which nothing but force can effectually penetrate.

Gunpowder is very effective in preparing primeval race soils for a flourishing civilization. Like a tornado raging through a forest, it tears down the dense vegetation and undergrowth of mind, leaving a raw, bleeding space open to the healing, stimulating agencies of sunlight and fresh air, where the words and works of missionaries may erect the structure of civilization.

It is impossible to civilize a people whose environment remains practically unchanged. It breaths out a subtle, silent, ever-active antagonism which paralyzes all efforts at change. A civilized government and an influx of civilized population are essential.

Civilization is not real until it is bred in the blood by generations of correct life.

Kind and generous aid from a superior to an inferior people is a beautiful sentiment from the standpoint of oratory, but in fact it is never appreciated or understood. The beneficiary is sure to think either that you are afraid of them, or that you have some basely selfish end in view.

We cannot make use of abstract sentiment, however fine or gratifying to our vanity, which shoots over the heads of those they are aimed at. We have got to employ the forces and methods of a material world in their natural order. To try to use altruistic sentiment in the management of an undeveloped people is unmitigated folly.

Nature says, use force with primitive peoples. War is force. Art says, make this force as brief in its exercise, as human in its action, as wise and kindly in motives and intents, as is compatible with the best interests of all concerned.

But do not hesitate. Do not swerve from the object set out to be attained. Make the struggle short, sharp and decisive.

Strong measures are needed at such times. There is more real humanity in a policy of determined aggression, which tells the foe exactly what he has to reckon with, than spasmodic violence or threats, with intervals of weak-kneed diplomacy.

Materialism.

We often hear materialism denounced, yet it is essential to the development of mind and an educative force of incalculable power.

We evolve a principle from our experience with or observation of some material combination of circumstances or things. Then the natural tendency is to carry this principle to extremes. But it is re-embodied in new and varied relations, turning a new light on it, and bringing cold facts to modify our enthusiasm. Without the experiences of materialism, we should be a race of fanatics. We should never attain to breadth of mind, sound judgment, acute and versatile consciousness.

There are few things more dangerous than single-minded devotion to abstract ideas. Contact with matter in various forms and combinations makes for sanity and balance. Materialism shows up limitations; makes definitions; puts temporary boundaries to thought by shaping ideas; gives us orderly progress.

The instincts of self-preservation, growth and evolution make us clutch at the materialistic world. The forms of matter make distinct impressions on consciousness and enable us to *realize* things as abstract ideas, however clearly stated, never can. The objective world is quite as important as the subjective world. Matter is, therefore, a necessary and indestructible force, although its density, form and properties may vary. There is no natural antagonism between intelligence and matter. The war on materialism is simply a misunderstanding of their normal relationship, or a one-sided appreciation of the importance of mind.

Everything must have a body as well as a soul. While the soul grows and transcends the body breaks up and

falls away, according to natural laws, yet that body has sheltered and conserved the soul, furnished it with the means of growth and expression. Not only the human soul, but ideas, language, art, science, all have souls which, by their growth, gradually discard certain terms, ideals and methods, which become obsolete, but the principles seek reincarnation in materialistic forms.

Materialism means realization. Imaginative conceptions are shadowy and fleeting. They lack stability because they have neither form nor substance. The improvised music, the poem composed in a moment's inspiration, must find embodiment or it is lost. Power can not be utilized, expressed or revealed without the instrumentality of matter, nor can mind be evolved, educated, developed. Matter, mind and spirit are an inseparable, indivisible trinity. Our part is simply to trace the normal relation and preserve the natural balance.

Beginning Insanity.

Incipient insanity is commonly expressed by cerebral irritation or melancholy. Over-stimulation of the brain, with exaltation, delusions of grandeur, hallucinations of sight, voices and crises of mania is characterized physically by increased and deranged circulation in the brain. Dietetic excesses, alcoholic indulgences, prolonged absorption in one idea, chronic fecal impaction, kidney, rectal and sexual disease, are the commonest causes.

In this form of commencing insanity there is more vitality than in melancholia. Properly treated from the start it may be promptly recovered from. The source of reflex irritation must be sought and removed. Unless organic and deeply seated, this is not difficult at the start. The determination of blood to the head should be held in check by Peacock's Bromides, Ergotole, etc., until the circulation can be equalized by alterative medication, remedies to improve digestion, hot packs and similar measures. As a rule, these patients are well nourished, and will be benefited by a prolonged fast to inaugurate treatment. This fast may be carried over twenty-four to thirty-six hours, according to indications, and when broken only a light meal should be taken. Where excitement predominates, this fast has a subduing effect on the body, and sometimes the brain clears spontaneously. These cases must be carefully chosen. They have strong, full pulses, and present other evidences of vitality.

If the mental condition has lasted long, the morale will have been seriously damaged, and the patient will need firm and judicious management, with a measure of restraint. The strain under which the individual labored before self-control began to give way, made him egotistical, intolerant, exacting, capricious and passionately self-willed. With returning health and wise management, good nature and an equable temper will show themselves.

In melancholy there is weakness, and weakness is never so easy a problem as strength. There is less to work on. Feeble heart, flabby muscles and impressionistic temperament. Nutrition and circulation are slow. Tissues sodden with waste. Feel that they are miserable, unforgiven sinners, not worth saving.

Relieve the constipation, tone up the heart, feed and air them as much as possible. Mild, continuous stimulation, mentally, morally and physically. Gentle massage to strengthen the nerve centers and aid nutrition. Mental occupation as soon as possible, but nothing of a profound or abstract character. Light and easy employment of a diverting nature.

If insanity is increasing at the rate alienists say, we must learn to recognize and cope with it early before the neurons have undergone changes which make a cure hopeless.

Vehicles.

The vehicle in which a medicine is given often has a great deal to do with its action. A carefully selected vehicle may modify, or improve, the therapeutic effect of an indicated remedy.

A medical friend of ours uses a great deal of salicylate of soda in his practice, but has much trouble in getting it down in various instances without disorder-

ing the stomach. After considerable experimentation with capsules, tablets and combinations with other remedies, he tells us that he has had no further trouble since adopting Seng as a vehicle for the drug. The Seng appears to relieve the dyspeptic symptoms caused by the soda salt.

There are many valuable remedies, called for by certain pathological conditions, which upset delicate stomachs. Various preparations of iron, arsenic and ammonia, for instance. In many cases, no doubt, these can be made acceptable to the stomach by using the Seng as a vehicle. Being a gastric stimulant, it also promotes the assimilation of drugs, and makes their administration palatable.

No doctor is justified in continuing to give a remedy which keeps the stomach deranged, for medicine can do no good where digestion and nutrition are always disturbed.

A palatable preparation sets better on the stomach than one which is revolting to the taste, and if the medicine is promptly assimilated, it is less likely to interfere with digestion than if it lingers in the stomach.

Doctors may improve their chances for success in therapeutics by giving the subject of vehicles a little more attention.

Regional Medicine.

The neck constitutes a pathological landmark of importance. Disease of this region affects the nutrition and function of so many important organs.

The lymphatics of the neck drain eyes, ears, nose, brain. Any interruption, or obstruction, to normal circulation in the vessels of the neck, may be followed by disturbance of function in any one or all of these organs.

It is quite probable that the principal function of the tonsils and the thyroid body is to modify the brain circulation by absorbing, like a sponge, excess of blood sent to the brain by an excited heart, and which the veins and lymphatics of neck can not drain off quickly enough. If this blood is in a state of fermentation, it may be thrown out as a croupous exudate. Ordinarily it escapes as a muco-purulent discharge in "colds" by way of eyes and nose, sometimes ears also. Occasionally the congestion results in a discharge by the membranes of brain. Then we have a dropsical condition of the brain with arrested or perverted development.

Whatever be the causes of congestion in the head, and whatever the condition by which it is expressed, the lymphatics of the neck are involved. Where there is a predisposition to such congestions, the neck becomes typical. We are all familiar with the short, full neck of the apoplectic man or woman.

Chronic disease of the cervical lymphatics will sooner or later terminate in some disease of the head. Baldness, neuralgia of scalp and face, organic disease of eyes, ears, nose, throat, deafness, loss of smell and taste, together with various degrees of mental alienation, all may and do follow torpor and inactivity of circulation in the neck, which allows impure blood to stagnate in the venous sinuses and lymph to swell and harden the tissues.

Such a neck loses its shapeliness, its normal color, sensibility, softness and elasticity. It is deformed by fatty, cheesy or fibrous deposits, enlarged, irregular lymphatic glands. The condition may even get so bad, in spite of various venous anastomoses to relieve the congestion, as to constitute Hodgekin's disease, from which patients seldom recover.

In chronic cervical adenopathy, with congestion of head and organic disease of its various structures, but little benefit will be derived from any treatment until the neck is restored to normal, and the obstruction to the return circulation from the head, relieved. It is not enough to give remedies, such as Iodia, Phytoline, etc., which act on the lymphatics, but counter-irritation and massage must also be used. Mechanical conditions are best made right by mechanical means.

Small, flying blisters to nape of neck, evacuating the serum collected, and applying counter-irritants to encourage pustulation, with local massage, stimulating liniments and hot packs to the throat, followed by cold spray, are of the greatest assistance.

This regional treatment of the neck may be aided and abetted by remedies which promote the activity of skin, kidneys and bowels, in the proper cases.

Neurotic Heart.

A nervous state of the heart is responsible for a great variety of distressing symptoms. It is impossible to have an orderly, well-regulated performance of the different bodily functions where the heart is weakened and susceptible to every passing influence.

Emotions and bodily reflexes are the chief sources of cardiac disturbance, although atmospheric states and drug habits also affect the action of the heart.

Indigestion, excessive use of tobacco and alcohol, hysteria and weak kidneys are nearly always associated with an irritable heart. By getting control of the heart, regulating its action and improving its nutrition, we relieve patients of much suffering, which is purely symptomatic and rests upon no especial pathology.

Excessive secretion of urine, spasmodic attacks of diarrhea, excessive sweating and various neuroses of secretion, insomnia, feeling of prostration and weakness, fear of death and impending evil, etc., often hinge entirely on a neurotic heart, and disappear under the use of a suitable heart tonic.

Most of these cases can not take strong medicines without being injured. A drug which exercises a gently calming influence over the cardiac ganglia is called for. Cactina Pillets seems to fill the indications admirably. We usually give it in the following combination:

℞ Cactina ..... 100 pillets.
Seng ..... 4 ounces.
Lithiated Hydrangea ..... 4 ounces.
M. Sig.: Teaspoonful four times daily.

In addition, suggestion and the training of the will aids in controlling and combating the general susceptibility, which we term neurosis.

Judgment on Criminals.

An able writer argues that criminals should be tried before a body of physicians in lieu of the ordinary jury, because the professional education and experience better qualify the doctor to judge of the criminal's responsibility for his acts.

We can not agree to this. Knowledge of right and wrong is fundamental in the mind. It lingers even with the insane, as shown by their cunning. Criminality is perverted mentality. Perversion is the result of habitual wrong life which has become overmastering. It would not be race wisdom to excuse such a man from the penalty of his attacks on society because he had gradually undermined his mental integrity.

Honesty is no more absolute than any other human quality. Few realize how much it is a matter of necessity with all of us. A clear understanding that we must give what we get, do as we would be done by, is at the bottom of it, and years of decent living form habits which keep us straight automatically. Clear perception teaches, as candid old Ben Franklin said, that honesty is the best policy. Then pride, habit and experience confirm us in the belief. But if we play with conscience, bring sophistry and bad practices to confuse and pervert the standard of honesty, then the mind comes at once down to the plane of the individual's desires, a dangerous base of operations for society.

It is safest and best for all concerned that criminals be judged by the rough and ready standards of jurisprudence. The law provides for exceptional cases. Nothing is to be gained by saving the criminal from the results of his evil life by branding him as irresponsible and making him a charge on society. The physical changes in brain and body which express his unfitness to practice proper self-control and propriety in his conduct were preceded by moral disease of his own making. He is able to distinguish right and wrong as an abstract proposition, but he selfishly and sullenly does not care for consequences so long as he gets what he wants in the easiest way.

It is such impossible altruism as this that makes many cynically disbelieve that the world can be made better, brighter and kinder than it is. Some will not see that altruism is spiritual and can only deal with spiritual things. Hard justice is the most that can be hoped for in the material world, and even that is touched by our humanity. Altruism in the matter-of-fact world would soon dissolve society, and make organization of any kind impossible.

That is why Nature's laws are so imperative and inexorable. Nature has

nothing to do with spirit. She deals with the organization, development and evolution of *forms*. Therefore, she is hard and exacting. She ignores love, generosity, forgiveness, repentance and the like. If Nature abated a jot or tittle of her demands, she could never hold her own, even temporarily, in face of the magnetism of spiritual attraction which dominates the Universe.

We must imitate Nature in defense of social organization and progress. We may forgive the sinner; we may try to bring light into the darkness of his soul, but we must relentlessly punish the sin. The verdict of common-sense, matter-of-fact men, governed by the ideas derived from everyday experiences, is not easily improved upon.

Hot Weather Dietetics.

People are frequently adjured not to eat too much in hot weather. This advice is good so far as full-blooded persons are concerned, but too many delicate and nervous people unwittingly starve themselves.

In summer the appetite is not keen and robust. The need of nourishment is usually expressed by debility and faintness, a sinking sensation in the stomach and weakness of the circulation. But while the individual feels weak and requires the stimulus of food, he has an aversion for substantial foods, so he tries to subsist mainly on fruits and cold drinks.

Fruits are excellent in their place, but they do not repair tissue waste. It is well known that cholera, dysentery, typhoid fever and similar diseases of summer and autumn, are often caused by slow starvation. In India food famine is almost sure to be followed by epidemics of cholera and fevers.

While people can not eat and digest the concentrated foods so acceptable in winter, the average stomach can easily manage fluid and semi-solid foods of nourishing quality in the hottest weather.

Milk, broths, meat stewed into a glutinous mass, with plenty of rich gravy, cereal puddings, well-done rice served with a dash of cayenne pepper. Foods of this character, taken in small portions and more frequently than the usual three meals, will relieve much of the prostation which accompanies the hot weather, and keep nutrition up to the normal.

Spasmodic Uterus.

There are many women, apparently healthy, who miscarry habitually. The uterus seems to be normal to inspection, but the child in utero sets up an irritation which gradually increases until the fetus is expelled. Sometimes this irritability prevents conception, making the woman sterile.

Most of these patients have suffered from dysmenorrhea before marriage. Such a history furnishes the key to the situation and indicates the treatment. The uterine hyperesthesia is the result of a neurosis in either case. The increased blood supply of the uterus during menstruation and pregnancy makes it irritable, and disturbs the rythmic character of its contractions. These contractions increase in force, become irregular and spasmodic.

The proper treatment for dysmenorrhea and habitual abortion is identical. A remedy which regulates pelvic circulation will reduce uterine irritability. Aletris Cordial is about the simplest and best remedy for this purpose. In addition, the portal circulation must be kept active and the bowels moving regularly. Errors in diet should be avoided, and food selected for its digestibility. If there is anemia, small doses of the bitter wine of iron may be combined with the Aletris Cordial.

Here is a formula which we have used with much success in spasmodic dysmenorrhea and habitual miscarriage:

℞ Vini Ferri Amari.....1 ounce.
Chionia .....3 ounces.
Aletris Cordial.....q. s. ad.....8 ounces.

M. Sig.: One to two teaspoonfuls three times daily.

This treatment is also useful in warding off uremia and puerperal convulsions in pregnant women. The Aletris Cordial improves general nutrition, and, by keeping the pelvic circulation active, prevents congestion of the kidneys, with diminished secretion, from pelvic plethora.

Good Habits for Invalids.

Do not overlook the wisdom of prescribing certain methodical, hygienic practices for patients in chronic ill-health. Give them something to do. They will think about themselves all the time, any way, and it had better be active than passive thought. Besides, you insensibly get them into good habits, and accumulate a little moral force, which is the real stamina of every man.

People will do things laid down by a doctor, and about which he will be sure to ask, as a child gets its lesson for the teacher who will bring it to book, or the workman for the boss who is sure to inspect.

Then, interest awakened in carrying out the routine advised by the doctor has a therapeutic value in itself. Patients are diverted and forget their misery. Being kept busy they can not examine their sensations, and probe their complaints quite so much. Disease is intensified by contemplation and constant brooding. Narrowing the focus of vision down to one's own sufferings magnifies them almost beyond endurance.

Get the confidence of patients by a little philosophic discussion as to the advisability of your measures, and then fill their time, if idle, to regulate it as well as you can, if busy. Aimlessness is a moral disorder which, sooner or later, is reflected in the physical condition.

Comparatively few people know the true value of time or how to invest it wisely and economically. To regulate the time in normal relation to one's output of energy, so as to be neither overworked, hurried, or everlastingly at it, is to know how to live, to succeed, and to enjoy life. Many a poor drudge, unhealthy because a drudge, could be permanently benefited by good advice on this score. Most people could find leisure if they knew how to manage their vitality and regulate their time economically.

Devices which introduce method and system into the lives of invalids and those who suffer from unstable health, will greatly assist the action of medicines.

Nervous Dyspepsia.

Gastric disorders are very common. To treat them on a scientific basis, we must discriminate very carefully between digestive disturbances, which are purely nervous, or functional, and those in which the secreting membrane has undergone organic changes.

In gastric neurosis, hyperesthesia of the mucous membrane interferes with the equilibrium necessary for digestion. The glands pour out excessive quantities of gastric juice and peristalsis is so violent as to cause pain. Food is either vomited, regurgitated or hurried through the alimentary canal in undigested, liquid or semi-solid stools.

In such case the individual is not nourished, is weak, emaciated. Heart is rapid and feeble. Nerves are fluttering, vibrating to every impression. Where the patient spits up, or vomits, constipation often takes the place of the lienteric diarrhea, the peristaltic impulse going the wrong way.

The first thing is to subdue gastric irritability. A small flying blister over the fourth dorsal vertebra, carbonated drinking waters, subnitrate of bismuth, very small doses of cupric arsenite and sulphate of atropia, act well, putting a break on the abnormal activity of the stomach. Cactina Pillets are invaluable in controlling the sympathetic increase in the heart's action.

If peristalsis is reversed and food is regurgitated or vomited, with torpid bowels, podophyllin, in suitable dose, will regulate peristaltic activity.

Do not give strychnine in this condition. It makes the stomach still more irritable and the whole condition worse. If you must give a nerve tonic, minute doses of hydrocyanic acid, or a fluid extract of peach leaves, will give the best results, and may be given in conjunction with Seng, after gastric irritability has partially subsided, to tone up the stomach enfeebled by the spasmodic violence which it has endured.

The Doctor's Reliance.

Every doctor should take and read at least six medical journals. The journals bring him in touch with other medical practitioners, and with current medical

thought. They inspire and encourage him. They prevent doubt, disillusion and cynicism from drying up the springs of his energy and enthusiasm.

There are times in every man's life when he doubts the reality of things. When he asks himself what it is all for, and of what use are his continual struggles. When, in other words, his faith and belief falter, courage and effort slacken. Such a mood may be the result of weariness, ill-health, lack of necessary recreation or the need of a broader outlook on life.

Whatever it is, when he picks up his journal and sees reflected in it some other fellow's trials, mistakes and successes, he is cheered and stimulated. He has a new consciousness that the world is full of people struggling on towards a common goal. That all fall short at times and again accomplish their desires. And where so many are constrained to follow, there must be a purpose and a destination in view.

He sees that medicine is really advancing. That we are learning more about the body, and the laws which govern it, every day. Manufacturing chemists, with their improvements and added knowledge, are furnishing us with standard remedies. Better diagnosis and more reliable medicines are gradually establishing therapeutics on a scientific basis.

The close reader of periodical medical literature now and then gleans a practical pointer, or a thoughtful suggestion which alone is worth the price of that journal for a year.

For spiritual solace and cheer, for downright useful help and information, nothing can equal the journal which comes fresh from the minds and hearts of medical co-workers at regular intervals. When you read its columns and see your own thoughts and experiences pictured there under other names and circumstances, you have a comforting sense of multiplied personality, which makes everything seem more real and satisfying.

But if you really want to appreciate your journals, you must do something for them—make some sacrifice. Write regularly for your journals. Speak out in plain language. Never mind if it seems old and commonplace. There are always some to whom it will be new. This old world is all the time being rediscovered. Those who know need to have their attention arrested and memory refreshed. The man who feels that he must offer something out of his experience to pay his debt to others who labor to make the journal interesting and useful, is the man who appreciates it best and gets most out of it. His very efforts sharpen his faculties, and consequently his power to assimilate thought.

Take a number of journals, read and write for them in a generous, large-minded spirit, and see if it is not a paying policy in every way.

Do You Breathe Right?

The way a person breathes is a reliable index to his or her vitality. Large, thin nostrils, slow and deep respirations, are significant of pure blood and staying powers.

Correct breathing is both thoracic and abdominal. Not only are the lungs well ventilated during inspiration, but the abdominal walls expand, altering the position of all the organs, making changes in their blood supply, exercising the muscular elements in the bands which attach and hold these organs in position, and in this way modifying tendencies to congestion, relaxation and prolapse.

Take a deep breath, and you will note that the abdominal organs slightly shift their position followed by a feeling of increased comfort and lightness.

Breathing should always be done through the nose to ventilate the chambers in the head, and keep them in health, as well as to warm and purify the air before it passes over the more delicate laryngeal and tracheal mucous membranes.

The body should be held erect, a slight bending forward at the hips, and the chest braced, with shoulders thrown back and head up, as though the individual were suspended from the ceiling by a hook in the breast bone. This may seem uncomfortable at first, but soon becomes habitual. The sense of increased vital power is well worth the trouble of acquiring a proper carriage.

Concentrating the attention on any task interferes more or less with respiration. It becomes less frequent and more shallow. In time a sense of constriction around head and chest, with restlessness, develop. This may be avoided to a great extent by periodically stopping work, stepping outdoors or to an open window, and breathing deeply and slowly for five or ten minutes.

This practice is warming, and will often alleviate insomnia. It promotes digestion, and tranquilizes the nerves. It will often check an irritative cough. It will freshen the complexion and brighten the eyes. As a general tonic and vitalizer to improve function and consume body waste, the practice of deep, full breathing, can not be too highly commended.

Learn how to breathe, then make a business of the practice at regular intervals, just as you brush your hair or clean your teeth. Don't make your lungs sore, your head giddy, by temporary excess of enthusiasm, and then abandon your efforts in disgust. A small beginning and gradual increase into perfected power is the right rule.

Just Ask Yourself.

Current literature just now is singularly devoid of references to antitoxin, and, indeed, to serum therapy of any kind. What is the matter? Is there no more diphtheria, or are even the most interested tired of championing a lost cause.

A very considerable number of lives have been lost, much time and labor thrown away in the effort to build up animal therapy on a foundation of natural credulity and superstition. But sane instincts and healthy reason have kept their ascendancy, as they always do, in opposition to corrupt and arbitrary influences.

Of course there are still men to be found who assert that antitoxin is a specific for diphtheria. Probably there always will be a few. If an epidemic should occur, and every case that took antitoxin died, such men would be of the same opinion still. It is a matter of honor with them. Their opinions must be defended before Truth any day. Well, that is natural enough. Truth can take care of herself.

If antitoxin therapy did not involve the lives and health of helpless little children, its status and existence might safely be left to time. But no doubt there are conscientious physicians who give it under the impression that they are really doing the best that recent science affords for the little ones in their care.

Men of this caliber can think, and to the point, once doubt is raised in their minds. It is this class of men we wish to reach. Stop and ask yourselves what reason there is to believe that the dead blood serum of a poisoned horse can help a child struggling with diphtheria.

We know, experimentally, that the serum of a healthy horse, which has not been poisoned, produces serious systemic disturbance. Can we believe that this serum is improved by subjecting it to a course of saturation with laboratory poison?

It is useless to compare the practice of inoculating the horse with this laboratory poison to the method of obtaining vaccine virus. The horse never has diphtheria or anything like it. There is no membrane in his throat, nor any other symptoms which characterize diphtheria. It is simply blood-poisoning.

It has been demonstrated over and over that the good effects, which sometimes follow the early administration of antitoxin, are due to the carbolic acid, or similar antiseptic, combined with the serum. This conclusion is based on numerous experiments by different observers.

In the face of all this—the most doubtful, disappointing and contradictory record of antitoxin—why should any man who cares for truth, for medicine, who respects himself, and is capable of independent thought, continue to use the stuff?

Psychic Medicine.

Mind consists of intellect, feeling and will. When consciousness reaches a certain stage of development, the mind center for ideas becomes very active. Normally, will-power dominates both ideas and emotions. But if the will be

feeble, then ideas and feelings get the upper hand.

In this way, through will-palsy, imaginative diseases possess an individual. If such a person believes that he has such and such a disease, then he has it for all practical purposes. The mere fact that he entertains such a belief may gradually bring about physical changes to conform to it. Hysterical contractures of muscles are an instance.

In hysteria, we see the primitive workings of psychic force on matter in a more or less exaggerated and perverted form. Hysteria is a genuine disease of mental origin, no matter by what manifestation we recognize it. A profound and painstaking study of this disease will throw a great deal of light upon psychic medicine.

As we learn more and more about hygiene and sanitation. As invention and art perfect ways and means by which we can improve our adaptation to environment, causes and types of disease will gradually change. Those due to ignorance, filth, excesses, dissipation, unsuitable surroundings, unhealthy occupations, will be modified and become rarer. But intellectual sensitiveness will increase just in proportion that the senses become hardier and more resistant.

Then it is that psychic medicine will be of paramount importance. Wonderful cures are being made now by physicians wise enough to appeal to mind as a potent therapeutic force to carry on the good work of rehabilitation after drugs have removed the abnormal physical conditions brought about by wrong living.

A body is sure to run down which is presided over by a mind which broods and worries in habitual, aimless disquietude. By bringing will to bear on this quivering mass of purposeless activity, some order is introduced. Mental order favors good bodily organization, just as worry tends to bring about physical dissolution. A reasonable amount of cheerful emotion makes a mind quick —refreshes it like dew. In the body it stimulates secretory activity. Then add information and the habit of coming to conclusions, and logic is evolved.

Such a mind is truly a rich kingdom and all-sufficing. The man who has it is never poor, never lonely, never helpless or unhappy. Interruptions to health are transient, mere ripples on the surface of his life.

We are not yet able to grasp the wonders which psychic medicine will make possible. The science is in swaddling clothes. Not all men have evolved sufficient mind to furnish an instrument capable of answering to the healing power. Only those capable of intellectual suffering offer full scope. Yet the number of these increases daily.

Catarrh in Head.

A simple cold is a nervous affection. The blood vessels of the nasal mucous membrane relax and pour out their contents through nervous weakness. When the nerves regain tone, the blood-vessels tighten up, the absorbents dispose of any remaining products of the congestion, and the cold is well.

But in debilitated subjects, the nerves do not regain tone. The congestion becomes habitual, the absorbents are unable to dispose of the products of congestion. The lymphatic glands in the neck, which drain the head, become enlarged and torpid. Then the excess of fluid in the nasal structures either dies, becoming pus, or organizes into connective tissue elements. There is thickening, adhesions, excrescences of all kinds are formed. There may be final atrophy due to the contracting of scar tissue, killing out the blood supply.

Such a catarrh can not be cured by cutting off a spur, taking a piece out of the septum, or washing the mucous membrane with alkaline washes alone.

The circulation of the entire head must be equalized—face, scalp and neck. Small blisters or pustulation to the nape of neck, the temples and in front of ears are helpful. Leeches may be applied where time is urgent. But local massage, while slow in its action, is the most generally useful measure. It heats, vitalizes and secures an even movement of the fluids.

A solution of Listerine should be used morning and night to remove accumulations of mucus which otherwise undergo fetid changes.

Then give a wineglassful of saturated solution epsom salts half hour before meals, with one Pil. Quin. Dad after meals.

If treatment is kept up long enough, and the massage of head, face and neck religiously used every other night, you may safely promise a cure.

The Physician's Temperament.

Every man is influenced by his temperament. The physician is no exception. Temperamental peculiarities have more to do with our success than we begin to realize. It is a difference in temperament quite as much as any essential difference in knowledge, method or training which makes some doctors a power in the sick-room, where others are negative.

Therefore self-knowledge and self-culture are very important to the physician. If he sees his lack of certain qualities necessary to reassure and encourage the patient, he will keep his misgivings and suspense to himself. If he recognizes that he is timid, uncertain, vacillating by nature, he will set to work to transmute these tendencies into positive characteristics. He will not rush into a rashly gloomy prognosis or speak doubtingly of medicine.

If he is inclined to be over-enthusiastic and radical, he will put the curb on himself and refrain from declaring that operation is, and must be, the only way to save, or cure, a patient. If he is too sanguine, he will learn to be a little slow in promising permanent cures or absolute relief.

In other words, he will endeavor to eliminate the elements of weakness which his temperament furnishes, and to strengthen his moral powers, so that his personal influence may aid him in curing disease.

There is no doubt that every physician carries an atmosphere with him which is either strengthening or depressing. We have all seen doctors who are wet blankets in the sick-room and others whose mere presence stimulated all the vital powers.

If a man will practice medicine, he should try to see himself as others do, and get rid of faults of temperament, moods, and unlovely manners—which hamper his usefulness. Culture, discipline and health can almost make up for any natural lack, and these can be had if there is grit and determination to work for them. It is difficult to help others until we have helped ourselves. Mere knowledge can achieve little. There must be power back of it. Experience alone gives power.

So the doctor who has discovered his good and bad points, and has schooled himself to make the best use of his powers, can handle his patients to the best advantage. He knows how to make their minds aid their bodies; he knows how to draw out a true history of disease; he knows when a little advice will be acceptable, and when to make light of troubles without giving offense. Sympathy and tact become instinctive with him, and he knows just how to adapt his manner to the occasion and the person without seeming too much impressed. Such a doctor can get control of his patients. He soon has their confidence and co-operation, which is half the battle.

Mould your temperament to the exigencies of your calling if you would be a genuine healer.

New Field for Ergot.

Much of our most valued knowledge items have come to us through chance experiments.

During the last year or two several physicians have, at different times, come forward with statements as to the value of ergot in malarial fever and pneumonia.

We all knew before that ergot, in small doses, will relieve the headaches of flabby-tissued persons. In prostrating diseases, such as malarial fever and pneumonia, the brain is always congested, and its controlling power over the body is in abeyance. Ergot restores arterial tone, which is promptly felt in the brain. The cells of that organ are no longer inundated and paralyzed by excess of blood. The brain circulation being improved, the organ shakes off lethargy and torpor, resuming command of the body's forces.

Not only this, but ergot is a general tonic to the entire arterial system in

passive and sluggish conditions. It aids circulation when given with a suitable heart tonic. A reliable preparation of ergot, with the indicated heart tonic, should be given with the very first signs of disease. They act to better advantage before the nerve centers are impaired. Citrate of caffeine acts well in combination with ergot.

Bromides also control digestion, but there is a difference in the indications. Bromides act best in cases where there is a heat in the blood, an excitement and superabundant nervous energy in the expressions of disease. Congestion seems to heighten the functional activity of organs instead of depressing it. Patients are talkative, restless, want to be up and doing unreasonable things.

The ergot patient suffers, but is overcome. The vascular system is deranged, soon the nutritions of organs is interfered with, the system gets more and more out of order, until finally a long and tedious convalescence is required to repair extensive damages.

Toning up the vascular system and regulating the heart, with rest in bed, at the beginning, would often save a waste of time aud suffering.

Try this plan in respiratory disorders continued fevers and the like, bearing in mind the difference in the indications for ergot and bromides.

The Age of Crankism.

Truly this is the age of crankism. Nothing is too preposterous for some people to believe it. The evolution of mind, like the evolution of other faculties, renders it peculiarly susceptible to diseases and errors. As a result we have isms of all kinds. Some of them are too absurd to entertain for a moment, were it not that they are propagated by a narrow, intense fanaticism, which is responsible for serious consequences.

Kochism, serumism, Bryanism, single taxism, anarchism, have flourished. But now comes raw foodism, with its tape worms, trichina, etc., to try the patience of the long-suffering.

A society has actually been organized in Chicago, consisting of twenty-three men and women, pledged to eat all their food raw.

Here is a specimen of their reasoning:

"Mr. Tyler, in addressing the meeting, said: 'No oak ever grew from a burned acorn; parched corn will never sprout when planted; roasted chestnuts never produced a chestnut tree, nor were peanuts ever grown from planting roasted peanuts. All that is life-giving in anything is destroyed by fire.'"

We did not know before that food was planted in the stomach to germinate. We had an idea that it was the prayerful intention of physicians to prevent this, if possible.

The following energetic resolution promises a great deal more than it can successfully tackle:

"Resolved, That it is our firm conviction that man could live much longer, in proportion to the number of years required for his development, by eating raw food; ill-health would be the exception rather than the rule, and pestilence and contagions diseases would be wiped from the land. We believe children reared on uncooked foods will become giants physically and intellectually."

In bygone days, when men were too savage to cook their food, they were anything but a superior race. Pestilence and contagion were the rule rather than the exception. Whole communities were wiped out. Delusions and hallucinations seized upon great bodies of men. The process of digestion was so slow, difficult and imperfect, men were stupid, sluggish, almost comatose, for hours afterwards. It was customary to defer eating when anything was on hand requiring a clear and ready brain. Prolonged periods of fasting were necessary for purification. Blood and skin diseases, especially small-pox, were extremely common and very severe. Immense paunches were the rule, and apoplexy an everyday affair.

Yet it is gravely proposed to return to these barbarous dietetic practices. As a result, deaths from ptomaine poisoning are enormously increased.

As soon as an animal dies, ordinary tissue metabolism is reversed. Instead of assimilation and repair, we have putrefaction of fluids and tissue break-down. The first step consists in the production of various ptomaines just as poisonous as prussic acid, strychnine, atropine, datur-

ine and other alkaloids. Injected into dogs, they produce the phenomena of poisoning and death.

Cold retards and heat checks these changes. An animal killed, drained of its blood, put on ice or hung up in a cold place until the animal heat is out, and then cooked thoroughly done, is tender, nutritious and easily digested.

But raw meat, rare beef, poultry, pork, etc., contain numerous sources of disease in an active state. A tuberculous taint, zymotic poisons, parasitic germs, as tape worm, trichina, etc., to say nothing of various ptomaines, infest such meat, and infect the unfortunate victim of this last and worst fool fad.

It was decided at the Chicago meeting to try and bring about the organization of similar raw food societies throughout the country. Physicians, as guardians of the public health, must take a decided stand on this question. It would be infamous, with our superior knowledge of the deadly dangers involved in this raw food folly, if we did not exert ourselves to teach the truth in the matter.

A nation can not prosper except its men be sound and healthy. No man can be either healthy or sane who lives on raw food. The chances are that he will not "be" at all very long.

Bryanism vs. Liberty.

The outrage perpetrated on Roosevelt in Colorado, by Bryanites, denying him a hearing and assaulting his person, throws a lurid light on Bryanism. Those who have been confused by certain noble and exalted sentiments on Mr. Bryan's lips, can see what the practical translation of Bryanism means.

American principles of government and popular institutions have developed in us certain race characteristics recognized the world over as peculiarly American. A certain natural independence and self-reliance, a tendency to individual thinking, to overlooking mere distinctions of wealth and position to honor the fruits of achievement. Self-respect, decent behavior, regard for the rights of others, are American traits developed and fostered by our brand of liberty. Progress, prosperity, increasing influence as a great world power, have resulted.

Bryanism makes war on these qualities and their fruits. Mr. Bryan, himself, probably does not realize all the harm he is doing. He is a dreamer in love with his dreams. But a national policy has to be lived, it has inevitable consequences, the welfare of multitudes depends upon its sanity, propriety and the skill with which it is carried out.

Bryanism put into practice would give us not a political and economic equality, as some seem to fancy, but a debased and fluctuating currency, confiscation of property under the high-sounding name of municipal ownership of public utilities, packing of juries, the corruption of our judiciary, a reign of favoritism in political appointments. Small men in large places. Weakness and incompetence brought to the fore. Poor service, wasteful administration. Disorder and anarchy. General turmoil and distress.

If we doubt that this would be the effect of Bryan's election, look at the methods employed to elect him. The assault upon Roosevelt, an honorable man and American to the backbone. The creation of strikes at a time when wages are higher than they have been for years. The working up of causeless discontent, the advocating and sanctioning of disorderly conduct.

These methods are in imitation of the Chinese Boxers, but lack their excuse. The Boxers are in earnest, but the efforts of Popocratic campaigners to create a general appearance of dissatisfaction and oppressed manhood are clumsy contrivances to offset our universal prosperity and well-being. But they will not succeed. A child can see through them, and Americans are a shrewd, far-seeing people.

The man who puts blind faith in Mr. Bryan's beautiful dreams must not forget that he votes for a dollar whose buying capacity shrinks, with his election, a little more than one-half. Commerce is the most sensitive organ of the body politic—the first to suffer from unnatural conditions. Before our institutions can be tampered with, there will be a dreadful panic. Credit will be stricken, enterprise paralyzed, business

depressed, everybody out of work that can be dispensed with. Orders will be cancelled, production greatly diminished, mills and factories idle, contracts annulled, plans withdrawn. Everybody will live from hand to mouth and stand still to see what happens next.

If you have worked hard, denied yourself and put a thousand dollars in bank, it will only buy you five hundred dollars' worth of food and clothes at prices made and kept high by diminished production and consumption, after the inauguration of Bryanism. Do you think the excitement of seeing Mr. Bryan take his fling will compensate you? If you want to know what sort of President he will make, turn your five-year-old son into your parlor full of choice bric-a-brac and other treasures and leave him to wreak his will on the contents. Or, provide yourself with a life-preserver and let him row your boat in wild weather. Or drive the fiery colt you are just breaking. Then you will be in a position to appreciate the feelings of business men at this crisis.

Mr. Bryan has but one weapon and that is force. But force can not lift business depression. The sun of confidence must shine upon it; the reign of law and order, natural conditions, must govern and guide it. It will not brook the harsh hand of meddling interference any more than a plant will flourish after its roots have been torn and mangled.

If you have been inclined to call Mr. Bryan's rashness, courage; his assertive ignorance of actual facts and conditions, candor; his repudiation of obligations and responsibilities incurred by the Nation, as patriotism; his denunciation of wealth and warfare on property, as honesty, get out your dictionary and look up these terms. Ask yourself if Bryanism and American liberty can co-exist together? Think, and think well, before you go to the polls on election day. Think of the interests of yourself and family, then of the Nation and of humanity. All of these will be affected in some degree by the result of your thinking.

Helps in Nervous Debility.

Dr. J. N. Merritt, Oaktown, Ind., finds Celerina a power in all cases of nervous debility.

[Written for the MEDICAL BRIEF.]

To Science.

BY CHARLES SUMNER NEER,

Beaucoup, Ill.

Thou peerless, prying minister to Earth,
Why hast thou all the years been calmly sleeping
With gloom and darkness 'round and o'er thee creeping,
Awakened only by our century's birth?

Did some poetic muse, thy mission knowing,
A subtle spell of slumber o'er thee cast,
In hope to keep the flower of fancy growing,
Whose tender leaves thy piercing gaze might blast?

True, thou hast dragged Diana from her car,
And hushed the heavenly music of the spheres,
And torn the Naiad from her flood in tears,
The Hamadryad from her leafy bower.

But thou hast not invaded fairyland,
And plucked the flower of fancy but to bring,
For wild concepts of which the poets sing,
Realities more wonderful and grand.

Thy flaming torch, 'tis true, has fired the reeds
That whispered Midas' secret to the air,
But thou to human genius hast laid bare
The scheme of a machine as strange and rare,
In attribute, as were those tell-tale reeds
Which gave to uttered words increase like planted seeds.

From Jove's fell hand thou'st snatched the fateful lightning,
But gavest it to Progress for her wheels,
Who, over dark and barren mundane fields,
Doth go, like Phœbus, giving cheer and brightning.

From Atlas' stalwart shoulders thou didst lift
Like Hercules, the burden of the sky;
And, ah! soul-stirred to pity by his cry,
To man I see thee turn, *his* load to shift
From quivering flesh, to lifeless iron and steel,
Which can no suffering know — no weary anguish feel.

And yet again I see thy calm, clear eye
Look down compassionate; thy skillful hand
Bind's up man's wounds; and kneeling on the sand
Beside him, with thy balms thou'rt ever nigh—
To heal his hurts and soothe his qualms—art ever nigh.

A Bad Case.

Dr. W. H. Mason, Old Church, Va., mentions a severe case of bladder trouble permanently relieved by Lithiated Hydrangea. Patient was passing blood, mucus, pus, but under the action of the remedy, urine soon cleared up and became normal.

[Written for the MEDICAL BRIEF.]

Can Typhoid Be Aborted?

BY J. W. LOCKHART, M. D.,
St. John, Wash.

Can typhoid fever be aborted or modified by medical treatment? This is a question that should receive the serious attention of every serious medical man. About two years ago a learned professor in a far Eastern medical college was reported to have said to his class: "You might as well try to abort a cyclone as try to abort a case of typhoid fever." Every once in awhile, sometimes twice in a while, some medical writer questions the truthfulness and diagnostic skill of those who claim to be more than ordinarily successful in the treatment of this disease.

Now, I do not claim that I have never lost a typhoid fever patient; I only claim that the majority of my typhoid fever patients are convalescent in from ten to fourteen days, and it is a very rare exception to have one in bed over twenty-one days. In the last eight years I have lost four typhoid patients. The first I saw for the first time about the end of her second week. She had been physicked to death, and I told her father then that she would die. The second was typhoid occurring in a tuberculous patient. He died from exhaustion—heart failure—after the temperature had dropped to normal. The third case I was not called to until the first of the second week of illness. On the sixth day of treatment he had a severe intestinal hemorrhage, and bled to death before night. I was given no opportunity to check the bleeding. These deaths occurred before I adopted my present method of treatment four years ago. Since then I have lost but one case, a twelve-year-old boy, evidently tuberculous, died from peritonitis supervening during the second week of illness, and probably due to perforation. I had but little hopes of recovery in this case from the first visit.

Now as to the question of diagnosis. I assure the readers of the BRIEF that I have no desire whatever to mislead either the profession or the laity, much less to mislead myself in a matter of so much importance to all concerned. If these "aborted cases" are not typhoid, I simply and humbly beg to know what they are. In their inception every symptom is exactly like those in the ones who have proved to be my worst cases. Those that have continued over twenty-one days, have in no instance presented, during the first week, worse symptoms than others who were out of bed in ten days. All of those who have been sick over twenty-one days, neglected treatment or relied on domestic treatment until the temperature reached 103° or 104° F.

Two years ago I treated twenty-five cases of this fever, and most of them were convalescent in fourteen days or less, and not a single death. The severer cases, only one of which lasted over twenty-one days, were undoubted cases of typhoid fever. In one family I had three "aborted cases," and one that continued for four weeks. In another family four "aborted cases," and one that continued three weeks. This year I am repeating that experience with a record of eighteen cases up to date. These "aborted cases" occur only at the time of year that typhoid prevails, and in connection with undoubted cases of typhoid fever.

Not many years ago I called all of these cases typhoid fever, and did not expect any decided improvement until about the twenty-first day. Now, if these "aborted cases" are not really typhoid fever, that is, due to the same cause that produces the severer cases, what are they?

I have a desire to be right in this matter, and if any readers of the best medical journal (the BRIEF) can show that there is any real difference, except in duration, between the mild and severe cases, I would be pleased to have them do so.

Having made a special study of typhoid fever for more than twenty years, and having evoluted in its treatment, I firmly believe that in most instances, when seen early, it can be aborted.

Head Colds.

℞ Listerine ..... 2 ounces.
Boro-Glyceride ..... 2 ounces.
Ext. Hamamelidis Dist. ..... 2 ounces.
M. Sig.: Use in atomizer.

Inquiry Department.

Gastric Neurosis.

QUESTION:—I have been a sufferer of chronic gastric catarrh for the past five years, and am now in a very strange condition. I began to get very weak about two months ago, and every thing I ate disagreed with me. I was using the stomach pump every day, and every second day later. So I was compelled to give up my practice on account of the weakness and loss of flesh. My usual weight is one hundred and fifty-five pounds, and when I gave up my practice I weighed only one hundred and twenty-two. I went to the Red Boiling Springs in Macon County, Tenn., and drank the black sulphur water, which is purgative and alkaline. I spent thirty days, and gained fifteen pounds, but before I left my feet began to swell some. No water in them, just puff up, and all the swelling would be out next morning. Kidneys act freely. Appetite is good, and has been all the five years. I am constipated, and have been all the time. Urine is normal. Contains no albumen, no sugar. The thing which is causing me most uneasiness now is my heart's action. Pulse thirty-eight to sixty per minute, and heart's action the same. Heart has been acting this way only for the last few days, and since it has stomach has been better than it has for a year, and I feel some stronger; in fact, a great deal stronger than I did when I went to the springs.

I would think I was much improved if my heart was not acting as it is. I do not have any pain in the region of heart. Head feels a little queer; a dull headache when pulse is down so low.

Have taken no medicine for the last month. All the medicines I have taken seems to make stomach worse. Have taken everything recommended for gastric catarrh. Have had a catarrhal condition of the small intestine the last two years, yet my trouble just now is my heart's action. I am of the opinion that it is sympathetic, yet I want your opinion. Have been taking tincture nux vomica the last day or two for it, and it has no influence in the way of increasing the beat, yet it causes the beat to be stronger. The heart's impulse has been very strong, since it has been slow. I have dieted myself all the time. I am now eating graham mush and graham bread and chicken soup. Never take a solid and liquid at the same meal.

Let me know your opinion of my case, and your line of treatment. I am yet using the mineral water. W. E. MEREDITH, M. D.

Petroleum, Ky.

ANSWER:—We can not see anything wrong with your heart. It has apparently been working too hard for a long time. Now a favorable turn in the stomach diseases has given it a chance to rest. It is not absolutely necessary for a heart to beat seventy times a minute to be in health. There are numerous instances of a considerable departure from this average both ways, yet the individual enjoyed good health. A slow heart with a strong impulse and normal heart sounds, with good general health, has nothing to fear. The neurotic state has apparently subsided and you have gotten into calm waters. We recommend that you let well enough alone. When a hunted hare has been flying for hours in a panic of fear, and reaches a covert, its very exhaustion gives it a desperate courage which makes it doggedly refuse to be expelled by sticks or shouts. A heart made neurotic by disease is much like such an animal. It has hurried and scurried until it has reached the covert of partial insensibility, and will not be ejected by drugs. Give it time to recuperate, and be glad to have such a brake put on the progress of disease. If you take anything let it be two Cactina Pillets four times daily, which will improve cardiac nutrition and tone without increasing its work or disturbing the stomach.

Eat *small quantities* of the most nourishing and digestible food, cooked thoroughly *done* and served *hot* at as frequent intervals during the day as the stomach will bear. Food taken in this way is an admirable stimulant to the heart and circulation if the stomach receives it kindly. The constipation must be relieved. Suppose you try Chionia for this purpose. Also use a copious enema twice a week.—ED.

Help Wanted.

QUESTION:—I have a little girl six years old, was a stout, healthy child until two years old, when she had abscess at hip joint, which lasted four months, but finally, after making free incisions and packing with iodoform gauze it healed by granulation.

She then enjoyed good health till the spring of 1898, when she had double pneumonia of a severe type, but finally recovered. She then remained well until August, 1899, when she was taken with malarial fever that lasted three weeks, after which she regained her flesh, but all her energy seemed to be gone. She would take spells of vomiting, and often vomit up worms. At one of the spells she vomited fourteen large worms. In the fall of 1899, she began to appear drowsy, and slept a great deal. She would sleep all night and over half the day. She then began to complain of headache, and her appetite became irregular. Some days

she would eat heartily, other days scarcely anything. Some days she would suffer but little with her head, and other days pain would be very severe.

She then began to have slight fevers at irregular intervals, and the headache gradually grew worse. The fever continued to increase. About June 1, 1900, her face began to swell on the right side, then on the left. Also left eyelid became red and swollen, and the ball of the eye very red.

About July 1, 1900, hemiplegia developed in the left side, first in the arm, then in the leg, but never so severe in the leg as in the arm. In fact she lost all use of arm entirely. Also left half of tongue became involved, so when she protruded the tongue it would come out to one side of the mouth.

About September 1st she became deaf, so that you have to speak very loud to make her hear any sound, and she can not distinguish the words that are spoken to her. At times her speech is paralyzed so she can not speak a word. At other times she can talk very well.

Her appetite is gradually failing, the headache growing worse, and the fever getting more constant and a little higher. It ranges at about 100° F. in the morning, and 101½° F. in the evening.

I have had every physician in this locality to look at her. Have also taken her to Cairo, Ill., to Drs. G. and B., for them to examine. Every physician that has looked at her has a different opinion in regard to her case. Some think it is chronic malaria, others that it is chorea, and others that it is thrombosis of the cerebral vessels, still others that it is cerebral hemorrhage. My own opinion is that it is a tumor of the brain, of a tubercular type, or tuberculosis of the brain.

I have given you about as clear a statement of the case as I can, and want your advice; also the assistance of all other brother physicians who feel disposed to help a brother in trouble. This case is my own child.

Sikeston, Mo. P. M. MALCOLM, M. D.

ANSWER:—We are inclined to agree with you as to diagnosis, but would not give up the case as hopeless. It is plain the child has great vitality to have survived so many serious illnesses; also that the nervous system has become exceedingly sensitive through the same cause. Would use a good vermifuge followed by castor oil. Would have the body rubbed daily, using alcohol and olive oil in alternation. Would apply mustard plasters to base of brain, down spine, over forehead and temporal regions, and let them draw well. Repeat from time to time. Internally, give a reliable preparation of the acid phosphates and two grains ammonium iodide, well diluted, four times daily. Keep up nutrition. Make stimulating applications to abdomen. Hot packs may prove useful. The machinery of body must be maintained in as good running order as possible by artificial aid, since the natural source of power—the brain—is out of order. With intelligent assistance and time, it is possible the brain may regain full functionating power unless the disease is organic and well advanced.—ED.

Diagnosis Wanted.

QUESTION.—Mr. V., aged forty-five. Came from southeast Illinois three years ago. Lived on Washata river in malarial district over a year. Moved twenty-five miles on a creek, also in a slightly malarial district; then back to the river in a very malarious place.

I was called to see him August 20th; found that he had taken his bed three days previous to my call. He was pale and anemic, skin of a yellowish hue, also eyes. Tongue coated with a brown coat. Liver enlarged, also spleen; vomiting, bile, no appetite. Pulse forty-seven. Temperature 97° F. Respiration eight. Stupid, could hardly get him to answer any questions. Bowels moving three or four times a day; kidneys three times a day. Urine showed considerable bile.

Gave him:

℞ Calomel ..... 12 grains.
Colocynth Compound ..... 15 grains.
Pot. Chlorate ..... 10 grains.

M. Sig.: Four capsules, one every three hours.

Also tincture nux vomica, three drops every two hours. Quinia sulphate, five grains, every three hours.

On my return at eight A. M., August 21, found pulse fifty-two, temperature 97½° F; still in same shape as at my former visit except he was perspiring in large beaded drops, which were clammy.

On morning 22.—Pulse forty-five, temperature 96° F.; was more restless; complained of headache and backache. Kidneys acting scanty. Gave him Sanmetto, teaspoonful every three hours, with ten grains acetate potash. Continued quinine treatment. Having but little results from my calomel, I again gave him: him:

℞ Calomel ..... 12 grains.
Sodii Bicarb ..... 15 grains.

M. Chart. powder No. 6. One every two hours.

On morning 23.—Pulse fifty-eight, temperature 98.4° F. Patient was not as drowsy. Talked freely. Bowels acting well, also kidneys. No appetite.

24.—Pulse forty-two, temperature 96½°F., respiration twelve. Patient pert and wanting to get up.

25.—Found patient sitting up; pulse forty-eight, temperature, 97° F., respiration eighteen. Able to eat a little. Put him on iron, quinine, and strychnia every four hours.

26.—Pulse forty-nine, temperature 98°F., respiration eighteen. Liver O. K., also spleen greatly diminished. Dismissed him 28th; pulse normal, temperature normal, feeling good.

What puzzles me is pulse and temperature. This was no doubt a case of malaria, but of what character? Will the Editor, or any of the BRIEF readers, give me diagnosis? Dr. Cranfill, of Loco, Ind. Ter., can probably straighten it out some. Let me hear from him. I have a note for Dr. Brodnax soon.

Story, Ind. Ter. W. G. BEYMER, M. D.

ANSWER:—An excess of bile in the circulation will depress pulse and temperature. Severe malarial poisoning has a depressing effect on the nervous system and circulation, manifested by subnormal pulse and temperature, especially if the patient have a passive temperament.—ED.

Painful Menstruation.

QUESTION:—Mrs. S., aged twenty-nine years. Has been married about seven years, and has had no children.

Six years ago it was necessary to remove both ovaries, and since that time patient has menstruated regularly every twenty-eight days. The flow is very dark in color, very offensive, and lasts about five days. During the first five hours the pain is something terrible. The patient usually submits to a hypodermic of morphine, but dislikes to take it on account of bad effect for a day or so. She feels so weak and bad during the menstrual period (especially the first two days), can scarcely be up at all.

At the time of operation, dense adhesions were broken, and uterus stitched to place, it being in a normal position at present. The surgeon failed to curette at time, owing to weakness of patient from the anesthetic, and thinks curetting should be done now. However, previous to this final operation, she had been curetted twice, which seemed to only aggravate the trouble. Bowels move regularly every day. Appetite good. Circulation seems to be poor, for she complains of cold hands and feet, especially in winter.

Suffers with neuralgia in head a great deal, and has tried every known remedy for it, with no relief. Pains are very severe in back of neck, and head, and eyes. Has taken good tonics for years, and is now taking Fowler's solution of arsenic.

She has never been very nervous until within the past month. Is very ambitious, doing all her own housework, including washing, but gets very tired, and has to lie down every day. Is alone a great deal, and worries considerable about everything, although she has a beautiful home, pleasant surroundings, horse and carriage, etc.

She is very much discouraged, for at each month the pain seems to grow worse. Do you think it will continue indefinitely, and do you advise curetting? The pain is in back, region of ovaries and hips. Do you think rest in bed at such times would be of any benefit?

Newton Falls, O. CONSTANT READER.

ANSWER:—The pain and offensive odor of menstrual discharge show passive congestion of all the pelvic organs. Give her one three-grain Blaud's iron pill three times a day, with a teaspoonful of Aletris Cordial as often. We do not recommend curetting. Hot sitz baths and general massage of body, with a capscine plaster to small of back, will prove valuable aids to treatment. Patient should wear an elastic pelvic supporter during menstruation, and should lie down frequently during periods.

Equal parts Papine and aromatic spirits of ammonia to relieve pain will give more satisfaction than morphia. Patient must try for self-control, avoid worry, and curb ambition within the bounds of her strength.—ED.

Pulmonary Hemorrhages.

QUESTION:—I have a negro woman who is in the habit of spitting up blood by the mouthful at times varying from sixty to ninety days. She generally has from three to four hemorrhages during a spell, spitting up about three tablespoonfuls at the time.

She is about fifty years old; weighs about one hundred and thirty-five pounds, has good health until one of these spells begin to come on, when her liver seems to swell and causes severe pain in the right side about the region of the liver.

She has no cough, looks well, not at all emaciated. Is able to work. And if she takes some liver medicine it seems to keep off a spell and she gets better. (She is in the habit of using the patent liver powders.)

She gets sick at the stomach and coughs like a person will do in an effort to vomit, and this is the time when she spits up the blood. Has headache. Suffers with dyspnea a little about spell times. Has to go to bed and stay there for twenty-four or thirty-six hours; when all trouble seems to stop she gets up and goes about her work.

She has had this trouble for several years. She says it is her liver that causes the trouble. She has no fever. Heart action good. No other pains about the body except those about the liver. It is sore to touch. What is the trouble, what makes the hemorrhage, where does it come from, and what is the best treatment for such case? J. A. WATSON, M. D.

Stout, Tenn.

ANSWER:—Likely hemorrhage is from lungs, due to backing up of venous blood from portal congestion and obstruction. Give her

℞ Ammonii Chlor.....1 ounce.
Tinct. Nuc. Vom..... ½ ounce.
Chionia..... q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily.

When spells come on apply mustard plasters to back of neck and over region

of forehead and temples. Order back rubbed with stimulating liniment every night, pinching, rolling and tapping muscles with fingers. Gently thump side over liver.

The spine is weak, and puts too much work on the pneumogastric nerve, which periodically breaks down. Then there is anarchy among the abdominal viscera and the weakest organ suffers. In this case it is the liver. By taking to bed and getting complete rest, the pneumogastric recuperates, a new balance is struck, and the patient resumes her usual health.

Avoid constipation carefully, as also other sources of irritation to pneumogastric.

Friction of the entire skin with coarse towel daily will help to strengthen the spine.—ED.

Nephritis?

QUESTION:—Please give diagnosis and treatment for following case: Patient aged about sixty-five. Has had kidney trouble for six or seven years. Urine is very offensive and scant, except while under the influence of a diuretic. Hardly ever gets up through the night. Sediment in urine after it stands a few hours. Has had for the past four or five years periodical attacks of constipation and diarrhea, fever, pain under the shoulder, in small of back, back of neck and top of head. Anorexia and general malaise. Says she has taken as many as eighty doses of calomel in succession without her tongue becoming clean. She also complains of pain in stomach and liver during these attacks, which last from three to six weeks every year since she was first taken. Says she feels worse every other day, and has a temperature of from 102° to 103.5° F. Any information will be thankfully received.

Doctor, how much atropine sulphate is it possible for a person to take hypodermically and live? How is one-tenth grain?

What is crustilactea? I can not find it in my dictionary, nor in any of my works on practice.

Tex. R. C. B.

ANSWER:—Should treat this case first for impacted feces. If rectum and sigmoid are empty (which you can ascertain by vaginal examination), introduce high rubber tube and flush out colon with saline solution. Repeat as often as necessary, at same time massaging abdomen. Do this every other day, at same time giving small doses of strychnine and nitro-glycerine. When you know, from the character of stools, that bowel is thoroughly emptied, give:

℞ Tinct. Podophylli ..... 1 ounce.
Tinct. Aloes ..... ½ ounce.
Tinct. Cantharidis ..... 1 drachm.
Chionia ..... q. s. ad ..... 8 ounces.

In alternation, give wineglassful of mistura ferri et ammonii acetatis, with two grains caffeine citrate, three times daily. Pustulate back of neck and small of back.

Will some of the BRIEF brethren furnish the desired information regarding hypodermic dose of atropia and the nature of crustilactea?

One-twentieth grain atropia has been given as the limit, but the latest investigations say one one-hundredth grain is as much as should be given, except as antidote or in emergency.—ED.

Heart Lesion.

QUESTION:—I write you or any of your readers for information. My case is this: The surveyor of this county, a very active man, last March, while driving cattle, running up hill to head them off, found he was exhausted, and stopped, as he thought, to rest, but found he could not go or make any exertion without becoming exhausted. This continued, and soon he consulted a physician, who, upon examination, told him his heart was not acting properly. At times it would seem to be normal, running along sixty-eight to seventy-two beats per minute, when suddenly it would drop to forty to forty-six beats per minute without apparent cause, on slight movement of an arm or any part of the body. He, at this time, had taken his bed, feeling too weak to sit up long at a time. His general health remained good. Appetite good. Slept well. Heart at first, I am informed, would appear to miss beats at times, but since then it has, as far as any one can tell that has examined him, had nothing wrong except acting slow, every few days dropping down, until now, nearly six months after the first trouble, it is down to thirty to thirty-four beats per minute. All this time he has remained in bed, sitting up only for a short time at long intervals. Says he always feels worsted by doing so. And all this time he remained in his usual health. Suffers no pain or uneasiness. Eats and sleeps well.

Now, if any of the readers of the BRIEF can tell me something to do for this man to get him into a normal condition, I would like to hear from them by private letter and otherwise, for he is a useful, good man, and when able to go, very energetic. He is now nearly fifty-two years of age; very anxious to get well. Please let me hear from any of you if you have ever known of such a case, with treatment or suggestions, and oblige E. CHARLTON, M. D.

Duck River, Tenn.

ANSWER:—We should say the heart had suffered a strain amounting almost to shock, from the exertion, perhaps,

put forth at an unfavorable time. The cardiac ganglia and, perhaps, the muscular structure itself is suffering. We recommend general massage, nourishing diet, with two Cactina Pillets four times daily, and two grains citrate of caffeine each morning on waking.—ED.

Sexual Debility.

QUESTION:—Want treatment for sexual invalid. Young man suffers from weak back and sexual organs as result of self-abuse. Intercourse is unsatisfactory, being cut short by premature ejaculation. Erections are not firm. Complains of faint, sick sensation in stomach, as though abdominal contents were dragging and about to fall. Stomach sore to touch, but no dyspepsia. Appetite and general health good.

Patient nervous. Muscular twitching, especially about face and mouth. Dull, heavy feeling at back of neck, fullness in head.

Has tried the various remedies for sexual weakness, but their good effects are neutralized by a corresponding increase of the sinking sensations and tenderness in stomach.

Please state what is the best thing to do under the circumstances, and oblige. READER.

Miss.

ANSWER:—Take two Cactina Pillets three times daily with drachm of Horsford's Acid Phosphate and one drachm of Sanmetto in a glass of water.

Eat frequent small meals. Take up some system of physical development to strengthen the weak back and lessen the sensitiveness of organs. Stand, sit and walk *erect*. Practice limb and trunk movements. Daily skin friction. Have a skilled masseur go over the back and abdomen two or three times a week. Since stomach will not bear all indicated medication, you will have to rely largely on hygiene and physical development. Such means call for will-power, industry, perseverance.—ED.

Rectal Fistula.

QUESTION:—I was consulted a few days ago by a gentleman who is suffering from a rectal fistula of about two years' standing. He is very anxious to avoid an operation, and says that he has read of cures having been made by the use of "liquid air." He wanted my opinion on the liquid air as a curative agent, also as to treatment without operation, etc. I told him that I did not know of any cure without an operation, but I have been doing special practice for several years, and have not kept posted in the late methods of treatment except in my own special line. Will you kindly oblige this sufferer, as well as myself, by giving your opinion as to best method of procedure in the treatment of his case? And is there any cure without an operation?

Denver, Colo. W. A. MCNOWN, M. D.

ANSWER:—Let us hear from some of the rectal specialists who read the BRIEF. Drs. Manley and Monroe, where are you? We should think injections of ninety-five per cent carbolic acid or compound iodine solution might be tried. Or the stimulation of a good scraping might be sufficient. Operation is the radical way, and short cut out in this condition. Many patients' horror of operations is due to ignorance of exactly what is involved, and can be explained away by a little plain English.

A fistula should always be cured as soon as possible, because of the danger of stricture. Uncured stricture means frequent abscesses. Stricture, neoplasm, organic disease of rectum. Perform rectal toilet regularly. Use speculum and cleanse with cotton. Then apply Kennedy's Dark Pinus Canadensis, with Listerine or Ecthol, as local tissue tonics. Keep the liver active and bowels regular—neither costive nor too loose.—ED.

Help Wanted.

QUESTION. I want help in a case I have on hand. Was called to see Mrs. D. C. Found her complaining of pain in right side. She has had this pain for fourteen years, ever since puberty When on her feet all day, feet and legs pain her very much. Abdomen swells, sometimes as large as a six months' pregnancy. Has severe pain in back of head and neck. The muscles on both sides of neck get very sore and painful along course of pneumogastric nerve. Has had uterus curetted several times and has been treated for salpingitis. She is twenty-eight years old. Four children. I want to know what causes the swelling of the abdomen and what is your diagnosis. This lady also complains of a pain at apex of heart which runs straight through to shoulder blade. At times this pain is so severe it almost takes her breath. There is no hysteria. She is very energetic.

Wayne, Ind. Ter. F. R. FINNEY, M. D.

ANSWER.—We cannot say, with the data you give, whether the abdominal swelling is dropsical or gaseous. This you can determine by physical examination. The chances are patient has intestinal dyspepsia, with hepatic torpor and constipation. The pain in right side may result from irritation of cecum.

It is plain there is peripheral irritation of pneumogastric somewhere. The breast pain is sympathetic. Would give patient a course of purgation. Use both drugs and irrigation of colon. Keep it up until abdomen is flat and stools normal in every way.

Cause pustulation along the course of pneumogastric nerve in neck. Give

℞ Ext. Hydras. Can. fl.....1 ounce.
Ext. Cascara Sagrada fl.....2 ounces.
Chionia.....q. s. ad.....8 ounces.
M Sig.: Teaspoonful three times daily.

Use mild counter-irritation over pain in side. There may be adhesions, thickening, etc.—ED.

Weak and Sore Eyes.

QUESTION: What is the best treatment for weak and sore eyes? A. R. MILLER, M. D.
Nauvoo, Tenn.

ANSWER:—

℞ Ergotole.....1 ounce.
Ext. Hydras. Can. fl.....1 ounce.
Tinct. Nuc. Vom.....½ ounce.
Chionia.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily.

First bathe the eyes in water hot as can be borne, to which a little borax has been added, rubbing them very gently over lids and around orbit. Then apply a solution, lids still closed, of equal parts Pond's extract of hamamelis and infusion cinchona in tonic, but not painful strength.

Weak eyes are often associated with facial neuralgia, some disease of scalp, etc., which must also be treated and relieved, to make a permanent cure. The eyes will not *stay* well while there remains any source of congestion in the head.—ED.

Diagnosis Wanted.

QUESTION:—Would like for the Editor to diagnose the following case:

Two children were playing with a piece of iron, weighing twenty-four pounds. It fell and caught index finger on rock, mashing it to the second joint from the tip of finger. It was bound up and carbolic acid applied. Finger never had any pain. An hour or two after the accident child was playing in the sand of the river bank and using the finger any way without pain.

The carbolic acid produced one blister on the finger, solution being stronger than was intended, on account of its being adulterated.

In fifteen days the finger was amputated on account of dry gangrene. The doctor who amputated thought the acid produced necrosis and was the cause of amputation. The child's father put on the acid. Said the application did not hurt the child.

We did not dissect the finger to see how bad it was mashed. I do not believe carbolic acid will produce necrosis, or burn finger, without pain. I thought the gangrene was the result of injury, so I would like to hear from you.

Tide, Va. GRANT ELY, M. D.

ANSWER:—In a case like this it is not easy to say, but carbolic acid undoubtedly will cause tissue death, and that, too, without pain, where the vitality of tissues is benumbed by trauma. Trauma itself is more likely to cause suppuration and sloughing than dry gangrene. It is probable in this case there was a combination of both factors at work. Carbolic acid is not suited to injuries; its field lies in inflammatory states, burns, erethism, etc.—ED.

Frequent Colds.

QUESTION:—You will do me a great favor if you would kindly tell me, through BRIEF, what causes one to have cold in the head every few days?

Would you advise me to wear a cap constantly? Please give me a remedy which will cure me to stay cured. SUBSCRIBER.
Chicago, Ill.

ANSWER:—Add a drachm of quinine to a bottle of Listerine (large size). Rub a tablespoonful of the mixture into the scalp each morning, to invigorate the nerves of head and make them resistant. Rub until a sensation of heat is experienced.

A cap is protective, but it is also relaxing and enfeebling in its effects.

See that bowels move daily and fully. Too much thinking, insufficient sleep, dissipation, alcohol, tobacco, indigestion, high temperatures, anything that causes congestion of head and relaxation of head nerves, favors "catching cold."—ED.

Dizziness.

QUESTION:—Have a patient much troubled with dizzy spells. Is otherwise in good health. Appetite and digestion good. Bowels regular. What is the trouble?

Ark. INQUIRER.

ANSWER:—It is probably nervous. Inquire as to habits—alcohol, tobacco, sexual. Have him moderate his diet, and give two grains ammonium iodide in a drachm of Seng, three times daily. Should walk a mile daily.—ED.

Nervous Debility.

QUESTION:—Male, aged thirty, bothered with ringing in ears, very annoying, tongue coated brown color. In morning when he gets up eyes have matter in the corners. Very weak sexually. Little desire for intercourse, and when attempted ejaculation is premature. Organs relaxed. Used to be bothered with emissions, but not now. Practiced abuse in early life. Has a tired feeling in lower limbs, and gets melancholy at times. Sleeps very well. Appetite good. SUBSCRIBER, M. D.
Tex.

ANSWER:—Give a teaspoonful Fellows' Syrup Hypophosphites three times daily in alternation with

℞ Sanmetto .....4 ounces.
Celerina .....4 ounces.
M. Sig.: Teaspoonful three times daily.

Have him live regularly and hygienically. Out of doors some every day. Brisk skin friction daily. Regular movement of bowels. And above everything, get him absorbingly interested in something outside his narrow daily routine. Get a hobby and let his mind dwell on it. Think how large the world is, how full and varied its interests. Try to get some understanding of them; in other words, read, think and give the sexual nature a rest. Build up with the above tonics and advice. Nature will do the rest and fill him with vitality.—ED.

Syphilis.

QUESTION:—Please give your opinion and treatment, in following case, if a continuance be necessary.

Young man twenty-five years old contracted syphilis two years ago. Since October last has taken proto-iodide mercury, one-quarter grain pill, three times daily. Feels well, good appetite, and everything seems to be in normal condition except occasionally is troubled with indigestion or slight pain in belly, left side.

He never had any skin eruption, or boils. Apparently in perfect health. Shall he continue the mercury? If so, for how long? Would you suggest anything to be taken along with it to counteract mercury effects?
Mexico. SUBSCRIBER.

ANSWER:—Would give no medicine while he continues in health. But you will have to keep a sharp eye on him. Syphilis weakens the constitution permanently. Indiscretions, excesses, however temporary, will cause departures from health in the syphilitic where they would produce no effect in the sound constitution. Syphilitics must walk a "chalk line" hygienically, and even then they will have occasional reminders. Instruct this young man to report at intervals for inspection, and give him a course of Iodia every spring and fall.—ED.

Varicocele.

QUESTION:—Having been a sufferer for years from varicocele, and spending a considerable sum for various lotions and appliances without receiving any material benefit, I have almost come to the conclusion that this trouble is incurable. It occurred to me that you would certainly be able to tell me whether or no it is curable. The enlarged veins seem to extend up into the groin and down into the scrotum.

Am wearing a suspensory, but the trouble seems to grow worse, and is painful at times.

I should be very thankful for any help which you can give me, STACEY, M. D.
Mass.

ANSWER: — Should advise that you take

℞ Ergotole .....1 ounce.
Ammonii Benzoatis.....1 ounce.
Sanmetto .....7 ounces.
M. Sig.: Teaspoonful three times daily.

If the bowels are costive, take one-eighth grain podophyllin one night, and one-tenth grain aloin the next. Continue until bowels are regulated.

Bathe the affected region with pure Ecthol, using gentle massage. Take daily moderate exercise, which will strengthen the pelvic and perineal structures, as, for instance, walking up hill, swimming, dancing, etc.

Hot and cold hip baths are excellent if not easy to take cold. Must be of very short duration.—ED.

Prolapse of Rectum.

QUESTION:—Will you please give me a remedy for the following trouble, viz.: When I have an operation of the bowels, my rectum comes down and is quite sensitive. I am obliged to force it back every time—have been that way for more than a year. SAMPSON, M. D.
Washington, D. C.

ANSWER:—Wash out the rectum after each evacuation with the following antiseptic astringent and tonic solution.

℞ Ergotin ..... ½ drachm.
Listerine .....1 ounce.
Kennedy's Dark Pinus Can .....1 ounce.
Aquæ .....6 ounces.
M. Use with rectal syringe.

We also advise resistance movements for the thighs, such as are practiced by Swedish masseurs to develop the muscles of the pelvic floor.—ED.

Granular Conjunctivitis.

QUESTION: A few days since I was called to see a young man suffering with granulated eyelids. The patient is about twenty years of age. Fourteen years ago, while he was playing in a barn, he got a hay seed in his left eye. It remained there for several days before being removed, which caused considerable inflammation and soreness.

This condition has never left him. Granulation set in several months after the mishap, and no doctor has been able to give him relief, although he has been treated by several.

At the present time the conjunctiva is highly inflamed, as is the eyeball. The eyelids are very much swollen. The eyes burn, and feel as if there is sand in them. They water freely. Both eyes are affected. Doctor, what treatment would you recommend? VAN H. KING, M. D.

Mo.

ANSWER:

℞ Ergotole.....1 ounce.
Iodia.....3 ounces.
Lithiated Hydrangea.....4 ounces.

M. Sig.: Teaspoonful three times daily.

Also:

℞ Acid Carbolic.....2 grains.
Kennedy's Dark Pinus Canadensis.....1 drachm.
Aquæ Camphoræ.....8 ounces.

M. Sig.: Drop a small quantity into the inner angle of eye three times a day.

Purge the patient well with castor oil or salines. Insist on daily cold baths with skin friction and early bedtime.—ED.

Urticaria.

QUESTION:—Can you give me any suggestions from the description of this case? A lady, thirty-nine years of age, height five feet two inches, weight one hundred and fifteen pounds. Fairly well nourished. Came here last March from Eastering, Neb., to locate on farm. Skin, generally over body and limbs, will swell to double its natural thickness in a few moments on contact with any cold substance, air or water. Itching intense. Skin red in spots. No eruption, skin smooth. Trouble seems aggravated in lower limbs by standing. Patient eats well and sleeps well. Am I right in attributing it to faulty circulation, especially in the capillaries? J. G. W., M. D.

Neb.

ANSWER:—The trouble is probably urticaria. It is a neurosis of the skin, sometimes a reflex from an acid condition of the small intestine. Treatment is both local and systemic. Give

℞ Sodii Phosphatis.....1 ounce.
Tinct. Rhei.....8 ounces.
Seng.....5 ounces.

M. Sig.: One to two teaspoonfuls three times daily.

To a full size bottle of Listerine add a half ounce of carbolic acid. Shake well, and bathe the skin morning and night with the mixture.—ED.

Advice Wanted.

QUESTION:—What home treatment can you suggest for varicocele? Does a suspensory help? Kindly answer in your journal and very much oblige. SUBSCRIBER.

N. Y.

ANSWER:—See reply to Stacey, Massachusetts, in this number.

Yes, a suspensory helps, but exercises which develop and strengthen the muscular and ligamentous structures of the pelvic floor *cure*, while the suspensory is only palliative. Exercises which develop the muscles of thighs, buttocks, pelvic floor, etc., also tone up the venous circulation and relieve blood stasis. The blood current, moving faster, the veins are no longer swollen. Too much sexual activity must be stopped, constipation and biliousness avoided, as both cause congestion and weakness of sexual organs.—ED.

Diagnosis and Treatment Wanted.

QUESTION:—Beg that you will kindly favor me with suggestion as to treatment for following case:

Male, white, age thirty-two. Weight one hundred and ninety pounds. General health good. Bowels regular. Urine normal. Bottoms of feet and ends of fingers utterly without sensation. Feel dead and heavy. No pronounced pain in them. Duration six weeks. Pollard, Ala. J. T. B. F., M. D.

ANSWER:—May be commencing locomotor ataxia. Test knee jerks and examine eyes. Give teaspoonful Fellows' Syr. Hypophos. Co. three times daily. Use flesh brush five minutes each morning, paying especial attention to feet. Rub finger tips against bare flesh to stimulate them. Recommend few minutes daily work in gymnasium. On no account overdo. Inquire as to syphilis. May be functional from heat debility. Purge well in starting treatment. Moderation in tobacco, alcohol and sexual habits. Pustulate over entire cord.—ED.

Renal Hemorrhage.

QUESTION:—Would like some suggestions as to treatment in case of recurring hematuria. Trouble is very obstinate. Have tried most of the remedies recommended. H. P., M. D.

Ky.

ANSWER:—Give one drop tincture ipecac in drachm of Sanmetto three a day.—ED.

Menstrual Weakness.

QUESTION:—What treatment would you recommend in the following case: Girl, aged fifteen, started to menstruate about seven or eight months ago. First several months was all right. Then she became irritable, morose, dull. Great lassitude, especially in the morning. Head and backache, dizziness, sluggish in mind and body. Great disinclination to work or study. All these and other symptoms appear just before and through her periods. Two months ago she had no menses, but she bled very profusely from her nose, and it was rather offensive in odor. The last several months menses all right, but flow rather full and odor offensive. When periods have passed she works good and is cheerful.

Pa. A. D. L., M. D.

ANSWER:—

℞ Vini Ferri Amari .....2 ounces.
Celerina.....3 ounces.
Aletris Cordial .....3 ounces.
M. Sig.: Teaspoonful three times daily.

Daily open air exercise. Nine o'clock bedtime. Plenty of nourishing food. Lighten her duties during periods. Plenty of lemon juice.—ED.

Eczema.

QUESTION:—Give treatment for an obstinate case of eczema of twelve years' standing. Been treated by the finest skin specialist in the State, and has also taken a great variety of medicines, but without relief. The hands are always very much inflamed and the skin keeps cracking and peeling off. Is also troubled with pimples on the face, although bowels move regularly. Menstruation is very scanty every month.

East Oak, Cal. E. B., M. D.

ANSWER:—

℞ Hydrarg. Ox. Rub.....1 drachm.
Ung. Zinci Oxidi.....1 ounce.
M. Ft. Ung. Sig.: Take a piece, the size of a pea, and rub the hands every night.

Keep the hands out of soap and water, Carry them in a sling for a week or two if possible. Sleep with them over the head. Apply blisters over the shoulder blades. Internally, take a teaspoonful of Ecthol three times daily. The Ecthol may be applied to the face to assist in removing the pimples.—ED.

Fibroid Tumors of Uterus.

QUESTION:—Is there any constitutional treatment which will retard the growth, or cause absorption of uterine fibroids?

Dak. T. McC., M. D.

ANSWER:—Give one-fourth grain iodide of lime in a drachm of Ecthol after each meal, and keep it up for several months—two years, if necessary.—ED.

Laryngeal Neurosis.

QUESTION:—What treatment would you advise for spasmodic affection of larynx in apparently healthy person, coming on when the individual goes to bed and interfering with breathing? Can find nothing wrong with larynx.

Ill. A. D., M. D.

ANSWER:—A neurosis. Examine the head and neck very carefully for sources of irritation. Reflexes sometimes travel quite a way to get to a weak point.

Half hour before bedtime give a drachm of Papine, with five drops wine of ipecac and one five-hundredth grain sulphate atropia. Apply counter-irritation to nape of neck. In the morning, purge with epsom salts or castor oil. Do this every night, then every other night, then every three nights, and so taper off.—ED.

Migraine.

QUESTION:—Please give a remedy for the most distressing sick headaches, and oblige.

Ind. A READER.

ANSWER:—

℞ Caffeine Citratis.....1 drachm.
Celerina.....8 ounces.
M. Sig.: A teaspoonful every hour until relieved.

With the first symptoms of distress flush out the colon with large quantities of water hot as can be borne.

Between the attacks see that liver, kidneys and bowels do their full duty. The spasm of circulation, with determination of blood to head is the result of self-poisoning due to the torpor of one of these organs—usually the bowels. So avoid constipation if you would get rid of the headaches.—ED.

Convulsions.

QUESTION:—Young girl of seventeen subject to irregular convulsive attacks, preceded by greatly diminished action of kidneys and feeble heart. No apparent cause. Slight, but fairly well nourished. Menses somewhat irregular. Give treatment. PRACTITIONER.

Mass.

ANSWER:—Give nitro-glycerine to relieve arterial spasms, and Cactina Pillets to invigorate heart. Give Aletris Cordial to stimulate the pelvic circulation. If the bowels are constipated, add Cascara Sagrada in sufficient dose to regulate them.—ED.

What Is It?

QUESTION:—For the last three or four years I have had something growing in the left side of the scrotum just above, and seemingly, on the cord. The growth is very similar to that of the third testicle. I have no pain with the growth, and never have had. There is slight swelling in that testicle of the character of hydrocele, not sufficient though to give me much inconvenience. The growth is as large as the testicle of a boy ten or twelve years old, and feels about as hard as they would feel. Now, Mr. Editor and brothers, what have I got to contend with, an encysted hydrocele or hematocele, and if either, what would you advise as a remedy, if there is one. Please answer in the next issue of the BRIEF, and give my mind a rest on the matter.

My kind regards for the Editor and the BRIEF family of readers. A. R., M. D.
Iowa.

Snuff Habit.

QUESTION:—Will you please publish in your next issue the different ingredients in "Scotch Snuff," so much used by people in the South. Also the best remedy or cure for the same — something that will kill the desire for it.
Mobile, Ala. J. J. MCC., M. D.

ANSWER.—It probably contains cocaine. Quit it and take

℞ Tinct. Cinchonæ Co.....2 ounces.
Vini Ferri Amari .....2 ounces.
Celerina .....4 ounces.

M. Sig.: Tablespoonful doses every four hours to brace the disordered and relaxed nerves.

Also cold shower bath and friction in morning with alcoholic rub-down at bed time.

Use smelling salts to inhale, as substituting one habit for another.—ED.

Tape-Worm.

QUESTION:—Can any one inform me the preparation and dose that Dr. Ralph St. J. Perry gives for the removal of tape worms? I noticed an article in the BRIEF, some time since, regarding his success in the removal of said worms, but the dose was not given, nor the form of preparation employed—ext., infusion, etc. I would be pleased to try this in the case of a girl six years of age.
Falmouth, Ky. M. H. WHEELER. M. D.

Sore Mouth of Nursing Women.

QUESTION:—Please give treatment for a bad case of nursing sore mouth. J. E. F., M. D.
Tenn.

ANSWER:—Give ten grains sodium sulphite in a teaspoonful Ecthol three times daily. Hold the medicine in the mouth a few moments before swallowing.—ED.

Pyloric Thickening.

QUESTION:—Have a case of partial obstruction of pyloric orifice following subacute gastric catarrh of seven years duration. Stomach dilated with interval of vomiting. Constipation. Evidences of hyperplastic thickening of stomach walls, especially marked at pyloric end. No signs of cancer. Any suggestions will be gratefully received.
Ohio. A. B., M. D.

ANSWER:—Make a saturated solution of epsom salts in cold infusion cinchona bark and give a wineglassful three times daily half hour before meals. Keep this up indefinitely and paint over the pyloric region with tincture iodine.—ED.

Ringworm.

QUESTION:—Please give treatment for ringworm, and oblige. G. E. S., M. D.
Mass.

ANSWER:—Paint it with pure carbolic acid, then leave it to scale off. If one application does not kill it, a second will complete the cure.—ED.

Gingivitis.

QUESTION:—Give treatment for smokers' sore mouth and greatly oblige. A. D. T., M. D.
New York.

ANSWER:—

℞ Tinct. Myrrh..... 1 ounce.
Listerine ..... 8 ounces.

M. Sig.: Rinse the mouth out well with the mixture undiluted three times daily.

If you can not give up smoking, use a cigar-holder or a meerschaum temporarily.—ED.

Exopthalmic Goitre.

QUESTION:—What treatment would you suggest in a case of exophthalmic goitre?
N. H. G. D., M. D.

ANSWER: — Give tincture aconite in two to six-drop doses with teaspoonful doses syrup iodide of iron three times daily. Bowels should move daily and freely.—ED.

Goitre.

QUESTION:—Have a case of goitre in young woman of twenty-three. Would like some help in this case.
Tenn. R. S., M. D.

ANSWER.—Have you tried fucus vesiculosus, teaspoonful doses of a good fluid extract, well diluted, and taken before meals?—ED.

Hives?

QUESTION:—Can you give some relief in the treatment of hives? Patient has a way of breaking out in large splotches whenever anything excites or annoys her, or whenever she gets heated. J. B., M. D.
Mich.

ANSWER: — Give half to one grain doses carbonate potash four times daily. —ED.

Membranous Croup.

QUESTION: — A New York correspondent would like some information regarding the use of brown iodide of lime in membranous croup. Wants to know how large a dose may be given to infants, and how often it should be repeated. Also any further particulars.

Neuralgia.

QUESTION:—Can you suggest a remedy for ovarian neuralgia? J. D., M. D.
N. H.

ANSWER:—Try salicin in five to twenty-grain doses, in a drachm of Celerina, three times a day. See that stools are regular and normal.—ED.

[Written for the MEDICAL BRIEF.]

Transfusion.

BY J. L. WOLFE, M. D.,
Cedar Falls, Ia.

Transfusion is a method of procedure which is not altogether confined to the surgeon, as it frequently falls to the lot of the physician to adopt the plan in cases of emergency, as well as in those cases where the system has become debilitated from continued illness. For the most part, however, the practice of transfusion is limited to the treatment of the effects following hemorrhage, which may happen in serious injuries causing post-partum hemorrhage.

There are times when it is advisable to introduce a quantity of blood of a healthy character into the tissues of those who suffer from functional diseases in which the ordinary treatment has failed to afford relief. Exhausted conditions of the system have been met in various ways with a view to supply the system with something which would quickly be transferred into the circulation, with a view of adding to its nutritive character. With this object in view, it has been recommended that the blood of the ox shall be taken internally; and to those objecting to this way of taking it, its use by enemata has been suggested, and the practice is not without its advantages; although many practitioners are unwilling to give the matter personal attention because they regard the matter as of doubtful value.

As generally practiced, transfusion consists in the introduction of a quantity of blood into the veins of the patient, and may be mediate or immediate. By the first method, the blood to be used is first drawn from the donor, when, by a suitable instrument, the same is introduced into the veins of the patient. In these days of antiseptics the foregoing statements will appear somewhat indefinite; but it seems almost unnecessary to say that proper antiseptic precautions should be observed throughout the entire proceedings. Attention should also be given to the general health of the donor; especially is this necessary when it is remembered that operations of this character are liable to be attended with unfortunate results to the patient should there be any specific history, and in view of the possible microbic origin of other diseases, this suggestion becomes still of greater importance.

By the second process, a communication is made directly between donor and receiver, by which the blood flows from the veins of one into the veins of the other; the principal guide of the discontinuance of the operation being the improvement in the condition of the patient

By the first method an opportunity is permitted for defibrinating the blood; and from an extended investigation of reports covering the practice, there seems to be an agreement that defibrinated blood has shown a larger proportion of recoveries than when used in the pure state. When the latter is introduced into the circulation the greatest care is necessary to prevent coagulation of the liquid and the subsequent formation of clots in the circulation; and at all times it is necessary to guard against the entrance of air into the circulation, a circumstance which would prove fatal to the patient.

This tendency of the blood to coagulate has caused some inquiry to be made

concerning the necessity for the introduction of a nutrient fluid in cases of this kind; and while this view was taken by practitioners and experimental physiologists ten years ago, other views have been expressed, and the general belief is now that such is not the case, and that an aseptic neutral fluid is all that is required; but it should be noted that the temperature of the body should be taken in the mouth (and there is a general agreement that 100° F. is as nearly correct as possible). A saline solution composed of less than one per cent of common salt is quite sufficient for ordinary purposes of transfusion, except those cases in which it is desired to increase or change the quality of the circulating fluid, as in the case of anemia.

Other substitutes for blood have been suggested. Milk has been used successfully and its safety demonstrated, but failures have occurred in cases where used; while, besides, there is a belief, whether well founded or not, that the use of milk has a tendency to cause the development of albuminuria. In cases where it is used it should be as fresh from the cow as possible and at a temperature of about 100° F., and that not more than from four to six ounces should be introduced into the circulation at a time.

The apparatus for the performance of this operation where blood is to be transferred from one person to another by means of the veins, is not complicated. An ordinary small aspirator will answer every purpose, but the needles should be small. Caution is required that the direction of the needles should so correspond with the current of the blood that no hindrance will occur in the regularity of the flow. In the absence of an instrument of this character an ordinary small rubber syringe will do, but the valves should first be removed.

Throat Affections.

Dr. W. R. Wing, Wessington, Dak., writes that S. H. Kennedy's Extract of Pinus Canadensis is one of the best preparations for throat affections of various kinds, attended with inflammation. In syphilitic sore throat with excessive ulceration, it acts like a charm.

[Written for the MEDICAL BRIEF.]

Quantitative Urine Tests.

BY J. BARKER SMITH, L. R. C. P., LOND.,
Author of "Quantitative Estimation of Urine," London.

(Continued from page 851.)

"Centim" is used for cubic centimeter.

Quantity of urine *per diem* of twenty-four hours and body weight, are two essential features of urine analysis, otherwise we must err in our appreciation of excess and deficiency of the various constituents of urine. Food metabolism and urine analysis are intimately related by these essential features. Gautrelet established, some years ago, certain normals for the *per kilogram* of body tissue; to these I have added another, the *oxidizables*, easily ascertained, and, I think, valuable. These normals are:

Volume of urine twenty-four centims per twenty-four hours.

Solids, dried at 100° C., one gramme.

Total acid, as oxalic acid, three centigrammes.

Urea, forty-five centigrammes.

Uric acid, one centigramme.

Chlorine of chlorides, ten centigrammes.

Phosphoric acid, five centigrammes.

Oxidizables, seven centigrammes.

I mean by *oxidizables*, seven centigrammes, the whole of the oxidizables in terms of uric acid, as already explained in my articles for MEDICAL BRIEF. Such oxidizables, as we know, can be ascertained from any sample of urine in thirty seconds, from so small a quantity as a drachm of urine, or even less, by the acid permanganate method previously described as a sixth sense to the medical man. We owe to this method the suggestion with respect to ratio of *oxidizables* and *non-oxidizables*, that the summer green of leaves is, after all, comparable to the reservoir structures in this respect, *e. g.*, green cellular tissue of leaflets comparable to the wheat kernel, etc. The ratio is roughly that expressed by the nitrogen factor, *vide* notes to "The Orchid" last year in MEDICAL BRIEF. Now, this ratio, marvelous to relate, seems to exist between

(Continued on page 1694.)

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Bellad.....⅛ gr.
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Dose 1 to 2. 40c per 100.

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Same as above with 1-10 gr. calomel added. Dose 1 to 2. 50c per 100.

Pil. Aloin Comp.

℞ Aloin.....½ gr.
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Dose 1 to 2. 25c per 100.

Pil. Cascara Sag. Ext.

2 grs. Dose 1 to 2. 35c per 100.

Pil. Cas. Sagrada Ext.

3 grs. Dose 1. 40c per 100.

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℞ Quinin. Sul.....3 grs.
Ext. Bellad.....1-10 gr.
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Phosphorus.....1-100 gr.
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℞ Sulphite Soda.....1 gr.
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Dose 1 to 3. 55c per 100.

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℞ Pepsin Concentrat.....1 gr.
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℞ Ingluvin.....3 grs.
Nux Vom.....1-5 gr.
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Each containing.
Quininæ Val.....1 gr.
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the *oxidizables* in the urine and the *non-oxidizable* urea; hence, with *urea* as a starting point, we proceed to estimate, or rather to view, either the oxidizables in the urine, or the carbohydrates and albumens undergoing metabolism in the tissues.

We must be prepared to see in these suggestions something less than a working hypothesis, but something full of interest, useful as a *memoria technica* for the groundwork of living things, and which other workers may help to elucidate. It may be made clearer by means of a general illustration showing the direction of the argument.

For example: Let NF be the nitrogen factor ($6\frac{1}{4}$), then:

Total food (dry) + NF = Albumen.

Albumen + 3 = Urea.

Urea + NF = Possible urates or oxidizables.

Oxidizables + NF = Absolute urate, or uric acid.

Uric acid + 3 = Nitrogen.

So the total food absorbed in relation of dried food and urine passed will be approximated by the last factor.

Again, ·45 gramme urea or 1·35 gramme albumen, per kilogramme of body tissue, and the albumen multiplied by the nitrogen factor approximates carbohydrate, etc. Further, take the exact equivalent afforded by our text-books for urea and albuminoid, ·45 urea equals 1·3 gramme albuminoid; now 1·3 multiplied by the nitrogen factor, $6\frac{1}{4}$, equals 8·12, and this last number multiplied by 4·1 equals thirty-three *calories* per kilogramme. Allowing that *fat* in the daily diet should be about half the albuminoid, and that *its factor* for converting into calories is more than double that of albuminoid and carbohydrate, there would be a slight correction necessary, one which would afford thirty-four calories per kilogramme of body tissue.

In the April number of MEDICAL BRIEF, page 526, is described the simple method of ascertaining the oxidizables of the urine in terms of "possible urates." Two centims of morning urine may decolorize the norme, or five, six or more centims may be required, the table in my brochure extends to ten centims; in

(Continued on page 1696.)

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many conditions of portal obstruction the decolorizing power of the urine may be still more powerful, whilst in mental stupor, etc., or where the metabolism of tissues is in abeyance, the oxidizables are less powerful.

Interpretation has already been carried towards clinical diagnosis to a useful extent, but there is much more to be accomplished. Using lime water to ascertain the acidity of urine, as I have already described, is a very satisfactory method, and normal urine often exhibits a direct ratio between the acid and oxidizables, so the phosphatic deposit arising from the mixture of lime water and urine in the acidity estimation. In a concluding paper to these brief articles, I will show the two tests of *acidity* and *alkalinity* by lime water, as one of extreme usefulness in the surgery, and later I may show the similar usefulness of the acid permanganate as a sixth sense to the medical man.

(To be continued.)

[Written for the MEDICAL BRIEF.]

"Unique Twin Labor" Again.

BY T. E. REED, M. D.,
Middletown, Ohio.

In September BRIEF, page 1329, Dr. Johns refers to a case reported by Mrs. Pirley, in March issue, and cites a similar case, both desiring information. I replied to Dr. Pirley, which was published in April issue of BRIEF, page 534, which we think explains, in a concise way how to determine between twins and double conceptions. I would call Dr. Johns' attention to that article. He will find this "singular" case he reports not of unusual occurrence.

Separate placentas are always found in double pregnancies, which is always true when the sexes are diverse, and may occur when the sexes are the same. Twins proper are always of the same sex and exactly alike, and are nourished through a single placenta with one set of membranes.

In double pregnancies the children are not more alike than brothers and sisters of separate births, and are always nourished through separate placentas, which are generally found to be closely adhered or interwoven, yet distinct, one from the other; and such must be delivered at same time, after birth of both babies. But occasionally the placentas are entirely separate, being adhered at opposite walls of the uterus, when at delivery each placenta follows the birth of the corresponding child, as with both cases reported by Drs. Pirley and Johns.

Fruit Courses.

Grape fruit makes a very delicious first course, served as follows: Cut the shaddock in halves and remove the pulp with a spoon, cut out the thin skin from the halves of the fruit, being careful not to break the outer skins. Mix the pulp with sugar, and add a little sherry if desired; refill the shaddock skins and place in the ice box to get very cold before serving.

Bananas sliced and mixed with strawberries and covered with sugar and whipped cream make a light dessert. Orange juice poured over bananas is another way of preparing them.

One pineapple chopped quite fine, half a box of strawberries, six bananas sliced and the slices quartered, six oranges sliced and the slices quartered, one lemon cut fine. Sweeten to taste. Serve very cold.

All kinds of fruits can be partly frozen, make a syrup of sugar and pour over the berries, which should always be left whole; the larger fruit must be cut into pieces. Do not let the fruit freeze hard. —*Omega.*

Sore Eyes.

The following prescription has brought the most speedy and satisfactory results:

℞ Zinc Sulphate ..... 1 grain.
Morphine Sulph ..... 1 grain.
Aqua ..... 1 ounce.

M. Sig.: Put five drops in the eye every two hours.

This remedy will cure some of the worst cases of conjunctivitis in from eight to twelve hours.—*Med. Summary.*

Fills the Bill.

Dr. E. E. Gaines, La Farge, Wis., says: Cactina Pillets fills the bill exactly, having used it with very gratifying results ever since its introduction.

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[Written for the MEDICAL BRIEF.]

Pericarditis.

BY BERTRAM ABRAHAMS, B. SC, M. B., M. R. C. P.,
Medical Registrar to the Westminster Hospital, London, England.

It is a curious fact that some of the diseases which are easiest of description are the most difficult to recognize. Of these pericarditis is a signal example. The ordinary examination candidate seeing the word on his paper hails it with delight, and has no trouble in producing a clear, systematic and well-tabulated account. But there is in all probability hardly a physician of eminence living who has not had, at some time or another, the mortifying experience of seeing upon the *post-mortem* table the evidence of a pericarditis, the existence of which he had not suspected when visiting the bedside. Sometimes the disease supervenes in a patient moribund from another complaint, such as gestational chorea, chronic Bright's or pleuropneumonia; sometimes it runs its course, even to a fatal termination, without manifesting any of those physical signs which are so easy to recount and to remember. When on the other hand these signs are present a junior student can hardly fail to recognize pericarditis; but the problems of the disease by no means end with its diagnosis, for there is none in which the treatment requires more watchfulness or is more often repaid by the recovery of an apparently hopeless case.

We use the word pericarditis to signify inflammation of the serous membrane lining the pericardial cavity, and not to include the changes secondary to the deposit of new growths—tumors or infective granulomata—within it. In this sense it may be dry or effusive. Dry pericarditis may be caused by an acute exudation of plastic lymph, or by the formation of chronic membranous bands strictly comparable to pleural adhesions; the former may precede, the latter follow pericardial effusion. The effusion itself may be serous or purulent; not infrequently, especially in Bright's disease, it contains so much blood as to merit the term hemorrhagic. There is no evidence of any special

micro-organism; recent careful work by French observers shows that the purulent form met with, especially in renal cases, is due to the ordinary micro-organisms of suppuration, strepto- and staphylococci.

The causes of pericarditis may be thus classified:

1. Acute specific diseases: Of these rheumatism is easily first, being followed by the allied affections, scarlet fever and chorea. Whether the incidence of the inflammation upon the pericardium is determined by chill or any other similar factor is not always clear. Sometimes, however, there can be no doubt that here, as in the next class, exposure to cold settles the localization of the inflammation. In many cases the pericarditis is associated with endo- and myocarditis, forming a part of what has been termed pericarditis. This grave combination is not infrequently seen in the rheumatism of childhood.

2. Chronic toxemias: Pericarditis occasionally complicates such affections as chronic Bright's disease, jaundice and diabetes. In these cases the blood-state predisposes to inflammation of the serous membranes, pleurisy being particularly common; the involvement of the pericardium is usually directly attributable to a chill. I saw a very characteristic case of this nature a few months ago. A man, aged thirty-five, had been jaundiced from chronic hepatitis for between two and three years. Under treatment his general condition improved, and he was sent to a convalescent home. On the journey he caught cold, and in a few days succumbed to pericarditis. It is this form of the malady which is most often missed, particularly when it complicates the last stages of chronic renal disease. I remember, when a student, seeing within a week two cases of hemorrhagic pericarditis in such circumstances die undiagnosed.

3. Extension from inflammation of neighboring organs: This is by no means uncommon in children, a fact of which practitioners seem hardly sufficiently aware. It most often spreads from the pleura, very rarely from the peritoneum; I have occasionally seen it in pneumonia unassociated with marked pleurisy. In my experience pericarditis is most liable to complicate pulmonary inflammations in children who have been previously subject to lung troubles. In such cases the lungs are apt to be more or less fibroid, while the bronchial tubes are enlarged and more or less bronchiectatic. But previously healthy children are also not exempt. Last summer I was called to see the five-year-old boy of a medical man; the case was at first one of simple pleurisy, for which no cause could be assigned. The pleural effusion increased considerably, and after a few days a well-marked pericardial rub developed, without notable alteration in the symptoms. Subsequently there were several alarming attacks of cardiac failure, but the child eventually pulled through, and made a perfect recovery without the persistence of any ill-effects. In chronic pulmonopaths the result is not always so satisfactory, and the downward course may be of almost magic rapidity. I remember the case of a child, long the subject of chronic cough, who became suddenly worse during the progress of an attack of bronchopneumonia. A pericardial friction sound was first heard at about three in the afternoon; it was certainly absent two hours previously. The double rub was unusually loud, but by eight o'clock it had disappeared, and the pericardial sac was full of fluid; by one o'clock in the morning the little patient had passed away.

4. Chill and other miscellaneous causes: It is but rarely that we find pericarditis arising from a simple chill in a previously healthy patient. In debilitated subjects the case is different, as we have already seen in connection with toxemias. Chronic alcoholism also predisposes to this as to all other inflammatory infections. Trauma is a rare but authenticated cause of pericarditis, though I myself have never seen a case owning this origin. Now and then one comes across instances which appear entirely unaccountable. I recently saw a fatal attack of pericarditis in a hitherto healthy and apparently robust lady of twenty-eight; no trace of other disease was found *post-mortem*. It is better in such cases to admit one's ignorance of the cause than to wrap it up in a

grandiloquent but meaningless phrase, such as "idiopathic."

Pericarditis is of no less interest from the clinical than from the etiological point of view. Among the early symptoms pain is well-known, and if present characteristic. But the careful study of a considerable number of cases has convinced me that the typical acute precordial pain is, in the early stages at least, more often absent than present. Particularly does it fail to give warning of the supervention of pericarditis in the course of other diseases, acute or chronic; hence in large part arise the diagnostic errors to which I have already referred. Palpitation is a more constant if less insistent phenomenon; unfortunately, the vocabulary of a child is rarely able to express the sensations which it connotes. The recognition of the disease at its onset has, hence, to be effected rather by careful physical examination than by consideration of the anamnesis. In certain diseases, such as acute rheumatism, this examination is made as a matter of routine; in others it may be neglected, with mortifying consequences. In a typical case the following are the chief facts elicited: The pulse is rapid, usually faster than can be explained by the temperature, and often has a curious, almost thready feel. The temperature is elevated to a moderate degree; where there is already fever, as in acute rheumatism, the onset of pericarditis does not necessarily entail a further use. On inspection of the chest nothing abnormal is seen, except the hurried beating of the apex. Palpation occasionally detects a thrill in the region of the base. This is rarely very marked, and is as a rule more like a continuous moving than a definitely to-and-fro cessation. Upon percussion no abnormal sound is elicited, but there is frequently complaint of great tenderness, a sign which the text-books have unaccountably neglected. On auscultation the heart-sounds are noted as clear, though rapid—unless, of course, endocardial disease is also present. To them is added the characteristic friction rub. This is usually most marked at the base, where the two pericardial layers normally come into closest contact, as evidenced by the "corns" which are constantly visible upon them in the *post-mortem* room. It may be limited in area, or extensive; occasionally it is loudest at or near the apex. In time the rub is typically to and fro, systolic and diastolic; this quality is not always to be detected, the sound rather seeming to be a continuous faint rumble. It is conducted to a notably limited extent; even when loudest it is not distinctly audible outside the cardiac area. In quality it is very variable; most frequently, perhaps, it is faintly crackling, like the rustling of soft paper. Or it may resemble the sound produced by stroking a roughish table-cloth with the finger; sometimes it is harsh and rasping, or even squeaking; but as a general rule it may be taken that it is a weak and superficial sound. This latter character betokens at once to the experienced ear a bruit of exocardial production.

If, as usually happens, the disease goes on to the effusion of fluid, important alterations occur both in the symptoms and physical signs. Pain, if present, usually lessens, and fever often to some extent abates; it should be mentioned that the agonal pericarditis of Bright's disease may run an almost afebrile course. Palpitation, however, continues, but owing to the feebleness of the heart-beat is usually less marked than in the early stages. Two new symptoms now appear, often in a very urgent form. One is dyspnea, due directly to the hampering of the heart by the pressure of fluid upon it. As the breathing becomes more difficult cyanosis becomes marked, and the veins in the neck often appear enlarged and prominent. The other symptom is syncope, which may supervene in consequence of cardiac failure; the attacks are always alarming, and may be fatal. On examining the chest the precordial area may be seen to be bulged, but this valuable sign is very seldom observed, except in children. According to some authors the visible apex-beat is displaced upwards, but this is by no means constant. I have just as often seen it shifted outwards or downwards. A much more important phenomenon is the undulatory character of the impulse. The pressure of the fluid behind causes

the heart to be in contact with the anterior chest wall over an abnormally large area, and the heart-beat produces ripples, which hence become visible. This is the most characteristic of all undulatory impulses, as it is really caused by liquid waves; those seen in cardiac dilatation and in the forward displacement of the heart by mediastinal tumors are far less typical. On palpation a thrill is hardly ever felt, but the diffuse and undulatory character of the impulse is usually unmistakable. Of all the evidences of pericardial effusion those afforded by percussion are the most valuable. There is a noteworthy increase of the deep cardiac dullness, which assumes a triangular form, with the apex upwards. The normal dullness is also roughly triangular in shape, but with the apex downward, and may be regarded as inscribed in the triangle of pericardial effusion. Clinically, in the latter case, the extension of the apex upwards and of the base in both directions laterally, are easily recognized. Dullness over the spines of the last two dorsal vertebræ—due, perhaps, to the liver being pushed backwards—has also been described as a characteristic sign of pericardial effusion in adults, but can hardly be regarded as of great importance. In many cases, however, the effusion presses on the root and upper lobe of the left lung, the compression giving rise to obvious physical signs. On auscultation the heart-sounds are heard to be rapid, and often much altered in character. They are frequently weak and distant, and the differences in tone between them may be lost, so that they approach to the "watch-ticking" type observed in the fetus. In spite of the accumulation of fluid the friction-sound often persists, though, perhaps, in a weakened form. In this respect pericarditis offers an interesting contrast to pleurisy, wherein the occurrence of effusion almost invariably means the disappearance of the rub.

To complete the clinical picture it is necessary to describe the condition known as adherent pericardium, the supervention of which need not be preceded by either of the acute clinical phases just discussed. The symptomatology of this chronic adhesive pericarditis has long been a vexed question, and is still far from being generally agreed upon. This is largely due to the variations which are met with in the extent of the disease. Sometimes the two pericardial layers are completely fused, and the sac obliterated; sometimes the affection is limited to a few adhesions between them; the parietal layer may or may not have contracted new bonds of union with pleura. In extreme cases a progressive inflammatory process involves both layers of the pericardium, and all the surrounding structures as well; this is the condition known as chronic indurative mediastino-pericarditis. It follows from this that many of the signs once regarded as pathognomonic are now known to be far from constant; among these are the pulsus paradoxus—the beat of which ceases during inspiration—systolic retraction of the apex, and so forth. Moreover, it is now recognized that all these signs may occur individually, at any rate in cases where the pericardium is quite normal. Systolic retraction of a point somewhat external to the apex is generally regarded, however, as an indication that the pericardial layers are adherent to one another, and to the pleura as well. Personally, I must confess that I am nowadays disinclined to rely upon these phenomena to any great extent. I prefer to base the diagnosis of adherent pericardium upon the failure of a case of heart disease to conform to the ordinary laws recognized by experience. I suspect it, for instance, when, after a first attack of endocarditis in a previously strong and healthy subject, the heart makes no obvious attempt at compensation: or again where, without other evidence of degeneration of the ventricular muscle, the organ fails to respond to the calls of specific tonics, such as digitalis. In such instances something must hamper the heart, and in the absence of other efficient cause I incline to suspect pericardial adhesion—a view which gains force if there is a previous history of pericarditis. The text-book signs—one admirable work gives no less than seventeen of these—are of some value in confirming the diagnosis. There is no affection for the recognition of which the study of books

is less or the study of cases more valuable than adherent pericardium.

Pericarditis is ever a grave disease, but the prognosis in individual cases varies greatly, and is much influenced by treatment. Acute cases in healthy children, particularly if arising by extension from simple pleurisy, do remarkably well. If the child is debilitated, or already the subject of serious lung mischief, it but seldom survives. In my experience rheumatic pericarditis in children is seldom directly fatal; it is usually recognized early, and after a more or less prolonged struggle yields to assiduous treatment. In adults I have found the prognosis to be, on the whole, distinctly worse. Rheumatic cases, indeed, not infrequently recover, but the pericarditis of chronic toxemias is almost invariably fatal. The prognosis is, however, not limited to the question of death or recovery; the latter is, in a large number of cases, complicated by the clinical effects of persistent pericardial adhesion. The influence of this must always be maleficent, for the hindrance to the heart's action is bound sooner or later to tell. Often there is no obvious sign while the general health remains good; there may, perhaps, be a little extra dyspnea on exertion, or even slight persistent cyanosis. But directly the heart is called upon for an extra effort, the drag is felt upon the wheel; the physiological action of the organ is impeded, and eventually it is bound to succumb. The progressive form of chronic pericarditis always goes on to a fatal issue. The immediate prognosis in individual cases is a matter presenting no great difficulty; the danger of effusion is proportional to its suddenness and nature, rather than to its extent. Purulent and hemorrhagic pericarditis hold out but the slightest hope of recovery; the latter is, perhaps, invariably fatal, unless of traumatic origin. The cause of death in acute pericarditis is usually either sudden cardiac failure or the gradually swamping of the organ by the accumulation of fluid.

The key to the treatment of pericarditis is watchfulness. The most alarming case may, with care, recover; while, on the other hand, one that is running an apparently smooth course may suddenly take an unfavorable turn and be beyond the power of medicine. As regards prevention, it is customary in cases of acute rheumatism to lay a pad of cotton-wool over the precordia. Whether this is of real value I am not prepared to assert, but it can assuredly do no harm. There can be no doubt that neglect, particularly as regards exposure to chills, in the early stages of acute rheumatism, is a potent factor in the disease, and having regard to the liability of acute rheumatism to recur extreme caution should be enjoined upon those who have once had an attack. The first onset of pericarditis does not necessarily call for any change in treatment; I, however, invariably diminish the dose of salicylates if the patient is being treated for rheumatism, and not infrequently leave them off altogether. There can be no doubt that in some instances these drugs have a depressing action on the heart, and this can not fail to add to the danger in pericarditis. If there is much pain at this stage, a hypodermic injection of morphia may be given, but I much prefer to apply a blister over the precordial area. Local applications are, indeed, of the greatest possible value in pericarditis, and I am an especial believer in the use of leeches. I employ them as almost a routine treatment in all but the slightest cases, and am most satisfied with their influence upon the course of the disease. I have found hot fomentations and poultices much less satisfactory, while the local ice-bag is, in my experience, inconvenient, depressing and ineffectual. Leeches will relieve a moderate degree of pain within a few hours, but for its rapid alleviation when severe a blister is to be preferred. When effusion has taken place I give up the use of salicylates, if this has not already been done, and add to the antifebrile remedies which the patient is already taking, a mild diaphoretic and diuretic, such as a combination of spirits of nitrous ether with liquor ammonia acetatis. Should there be any tendency to syncope, the exhibition of ammonia compounds is particularly indicated, and they may with advantage be combined with digitalis and alcohol. Now

and then, especially where the fluid is rapidly effused, its removal by surgical means is required; this has lately been done with remarkable success in one or two traumatic cases. Ordinary paracentesis is somewhat too risky a process where the heart is concerned. The proper method is to make an incision about an inch long at the extreme left edge of the cardiac dullness, and after exposing the pericardium to insert a trocar and cannula. This procedure not only obviates the risk of wounding the heart, but also enables the operator to get his cannula behind the heart, when, as so often is the case, the fluid is localated in pockets formed by bands of pericardial adhesion. Unfortunately in non-traumatic cases paracentesis, as a rule, effects but little and temporary relief. There is no known remedy for adherent pericardium. The utmost that can be done is to relieve by the ordinary methods the impeded heart and circulation, and to warn the patient guardedly, of course, of the especial risks of carelessness and exposure.

[Written for the MEDICAL BRIEF.]

Drug Habits.

BY R. M. GRISWOLD, M. D.,
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Dr. J. A. Musick, of Waldrip, Tex., asks for a "certain, painless, home cure" for the drug habit, and complains that many replies are received to similar requests, chiefly from doctors who have a "sure cure" to sell. If my experience of fifteen years will benefit Dr. Musick, or anyone else, or if my opinion is worth anything, all are welcome to both experience and opinion "without money and without price."

I began the study of drug habits and the drug neurosis fifteen years ago. One of the first facts established in my mind, as a result of my investigations, was that nearly all habitual drug users, whether alcoholic or narcotic (except those who have acquired the habit from long continued use of narcotics to subdue or control physical pain), are both mentally and morally, and usually physically, defective in those qualities which go to make up a well-balanced man or woman.

In all my experience I have known of but three cases of drug (morphia) habit who have, through the effort of their own will, conquered the habit, and but two who have been permanently cured by so-called "home treatment." I believe I am stating a fact when I say there is no specific for the opium habit. There is no substitute for opium. The only safe, and at all satisfactory method of treatment, is in a properly conducted sanitarium, under the direction of a man of experience in the treatment of these cases.

Even under the most favorable conditions of sanitarium treatment the per cent of permanent cures is small.

The physician who attempts the cure of one of these cases, the patient being in his own home, should do so only under the most favorable circumstances, assisted by an experienced and unusually competent nurse or attendant, and should then be prepared for defeat, even when the cure seems nearly completed. The patient who commits himself to the care of a physician for cure of a drug habit, should do so unreservedly, and must possess a will and determination of unusual strength to fortify himself for the hell he must pass through before the cure is complete.

I have treated many cases of morphia and opium habit, some successfully, some unsuccessfully. I believe I am able to carry them through the crisis with as little suffering as anyone can do, and with less than most; but with all my experience I have gained no confidence in my ability to cure more than twenty-five or thirty per cent. I have no specific treatment except the gradual reduction of the drug, accurately tabulated each day, and a combination of extract cannabis indica, tincture hyoscyami and tincture cinchonia, with bromide of sodium and ammonium, liquid foods, hot baths and well regulated exercise.

In the latter part of the treatment codein in large doses may be used with benefit, and massage and exercise will do more than anything to overcome the persistent insomnia which always follows the relinquishment of the drug.

[Written for the MEDICAL BRIEF.]

Sexual Irritability in the Male.

BY A. SANDNER, M. D., M. R. C. S. (ENG.), L. R. C. P. (LOND.), Chicago, Ill.

No other morbid condition has proved so rich a harvest for the quack on the one hand, and so humiliating to the honest practitioner on the other, than the one with which, in my opinion, about twenty-five per cent of young men in this country are at some time or another of their adolescent years affected—sexual irritability. I have treated, and am treating now, cases to which numbers of reputable members of the profession have repeatedly stated that there is nothing the matter with them, and have found them in a really pitiable condition. What is the reason for such action? I can only explain it by a mistaken modesty of the attending physician, for I can not for a moment believe that ignorance of the necessary sequelæ is the real cause of the neglect. In a certain number of cases—those resulting from gonorrhea—the tendency to use too many of the new remedies without paying proper attention to the dilution and application of them may account for some of the ill results. Now, I am not for standstill, but I believe in giving preference to, and retaining, well-approved and efficacious remedies and methods; and while I do not believe in a physician adopting a routine treatment for a certain malady, I think it is well to have a well-tested outline of treatment at hand for ready reference. The application of experimental methods in private practice is detrimental to the reputation of the family physician.

When considering the prophylaxis and treatment of a disease, we must first have a definite idea as to its etiology, for it is impossible to avoid and counteract unknown causes. The subjects of our discussion can readily be divided into three distinct etiological categories.

The first class of patients belong to the lithemic type. They are, as a rule, blondes, with blue eyes, flabby muscular tissue, and large stature, and look, according to the laity, the picture of health. But their assimilative power is so ill-balanced that the slightest indiscretion in regard to the consumption of nitrogenous food and malt liquors will cause an irritation of the urinary apparatus. It matters little whether we believe with Garrod that the nervous system is too weak to control the conversion of uric acid into the soluble sodium urate, or agree with Luff that the kidneys neglect to perform this duty; the fact remains that large quantities of insoluble urates are eliminated whenever the slightest disturbance of the digestive function occurs. With those periodical eliminations an irritation of the urinary tract, and, during adolescent years, of the sexual apparatus, concurs, causing frequent and painful micturition and nocturnal emissions, with their sequelæ, which latter are not intended to be discussed in this paper.

The second class is the nervous type. They are rather thin, mentally active, are inclined to great variation of emotional excitement, and, as a rule, of dark complexion. Their nervous system has outgrown their physical constitution. Like every other impulse of their unstable nervous system the sexual desire becomes an uncontrollable factor, and masturbation or excessive venery is resorted to.

The third class is the one whose sexual irritability can be traced to an antecedent attack of gonorrhea.

It is only purposed to discuss the management of these cases up to when they have resulted in an inflammation of the prostate (veru montanum) and the seminal vesicles, but it is desirable to know the different course these three varieties run if left to themselves, or if improperly treated.

In the first class the sexual symptoms are obliterated after a while by the urinary troubles; the patient becomes a renal invalid. In the second the patient is considered "hysterical," and later "neurasthenic," with the adjective "sexual" if the true cause be recognized, and he has to bear all the miseries those constitutions entail. The subsequent history of the third class may include all possible sequelæ of gonorrhea.

The greatest benefit to the first and second classes of these patients results from a knowledge of hygienic and dietetic

means suitable to their respective conditions. The first requisite is a moderate and regulated amount of exercise. These patients should not be tired out, but they should enjoy at least two hours per day of exercise, preferably walking, in the open air. The lithemic patient can even perform more laborious tasks without any injurious consequences, but the nervous patient is better off if he takes everything, muscular as well as mental work, in a quiet and leisurely manner. I am thoroughly convinced that a good deal of nervous irritability is kept up with these patients by the excitement incidental to some games, football, for instance, whereas the lithemic, frequently melancholy inclined individual, can hardly get exhilarated with any game; the reaction following muscular overstrain in the neurasthenic is sometimes just as depressing as a severe mental effort. It is by no means always an easy task to restore the patient's emotional equilibrium, but by proper moral support and auxiliary medicinal measures, a great deal of good can be accomplished.

The diet of the lithemic must consist of fruits and green vegetables, spinach, being the best, mainly, and he should be very particular to avoid too much meat, coffee and alcohol. Such vague injunctions as "eat a light supper" should not form a part of the dietetic instruction to these patients, for the youthful possessor of a gouty constitution has inherited a desire for large meals, and has a far different idea of a light supper than the instructor. Fish and poultry should be substituted for meat, weak tea for coffee, and buttermilk, or a little whisky in lemonade, if absolute abstinence can not be practiced for malt liquors and other alcoholic drinks. Eggs may be allowed in moderation. With the neurasthenic a nourishing and supporting diet is indicated. The heaviest meal should be the midday dinner, the supper consisting only of tea, bread and butter and fruit.

The medicinal treatment indicated in the first class resolves itself in the eliminative and supporting. As far as the former is concerned, I am strongly opposed to the customary epsom salts and iron for pelvic congestion, for in my experience epsom salts rather increases the supply of blood to the pelvic organs, and iron is generally not well borne by gouty subjects. I have had good results from:

℞ Sodii et Pot. Tartar.....2 ounces.
Potass. Tartras. Acid.....1 ounce.

M. Sig.: One teaspoonful in a tumblerful of hot water every morning.

Plenty of fresh water is an excellent adjuvant. Another good remedy is Lambert's Lithiated Hydrangea, one teaspoonful, freely diluted. twice daily. It combines a solvent effect upon the gouty deposits with a slightly laxative action. As a hematinic I use enemas of saline solution, one teaspoonful of salt to a pint of hot water, one-half to one pint every evening. Syrup calcii lactophosphate two drachms in one ounce of water, three times daily, is another suitable tonic.

In the neurasthenic it is of the utmost importance to allay the sexual passion. This may be accomplished by one-half to one drachm doses of fluid extract of salix nigra one-half hour before retiring. To build up the jaded nervous system I have obtained good results from arsenic in the following combination:

℞ Sol. Fowler's	1 to 1½	drachms.
Ext. Ergotæ fl	8	drachms.
Tr. Capsici	10	minims.
Glycerini	1	ounce.
Aquæ q. s. ad.	8	ounces.

M. Sig.: One tablespoonful three times daily after meals.

Of nothing I am more certain than that a great deal of harm is done by the too frequent resort to local treatment. The passage of the sound I hold to be particularly injurious. The pathological condition is an inflammation of the prostate and seminal vesicles, and the only admissible local interference consists in the expression of the irritating secretion from these parts.

If I have spoken rather dogmatically about the classification of the etiological varieties, I wish it to be understood that I did so for the purpose of demonstration only, and that combinations exist which will only be brought to a successful issue by the proper discrimination of the attending physician. The prophylaxis of the third class of cases consists in the proper treatment of gonorrhea, and I shall take leave to discuss this subject at some future occasion.

[Written for the MEDICAL BRIEF.]

Electricity in Sexual Neurasthenia, Gleet, etc.; Also in the Various Neuroses.

BY W. H. WALLING, A. M., M. D.,

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In looking over the queries and answers in the Inquiry Department of the BRIEF for October, 1900, I am constrained to offer the following suggestions as to treatment, in some of the cases, in addition to that which the able Editor has advised. I shall number the cases consecutively for my own convenience, without regard to their position in the columns of the BRIEF.

Case 1.—Miss J. M. P. In this case I would advise galvanization of the pneumogastic nerve, as follows: Place a well-wetted pad, say four by six inches in size, over the stomach, connected with the cathode; apply the anode to the course of the nerve, on each side of the neck, alternately, with an electrode at least two inches square, and give a current of five to ten milliamperes to each side for ten to fifteen minutes every morning. Keep this up for two months or more, or until amelioration or cure results. Static insulation would also, probably, be beneficial, given in the latter part of the day for ten to fifteen minutes. I say probably, as a case is sometimes met with that is intolerant of this form of electricity. As a rule, however, static insulation is of decided benefit.

The above treatment, in addition to the dietetic and hygienic directions given by the Editor, would produce a great change for the better in this case.

Case 2.—"Burma," East India. Use the galvanic anode, with a copper bulb, in the urethra, two or three times a week, as follows: Let the patient be in a recumbent position. Place a pad under the back, connected with the cathode. Attach the anodal cord to the bougie, and gently insert the latter until it engages the sphincter muscle, then turn on five milliamperes of current, and at once commence to slowly withdraw the instrument (the whole time occupying at least one minute), thus acting upon the whole of the canal with the current, plus the oxide of copper, liberated by action of the current on the metal.

The anode is astringent and sedative in its effects; while the copper acts as a powerful antiseptic and germicide.

This treatment may be repeated two or three times per week, according to the indications. After the acute symptoms have sufficiently subsided, the stricture may, if necessary, be acted upon with the cathode. This procedure has been so often explained by others as well as myself that I deem it unnecessary to enter into detail regarding it.

Case 3.—"Student," Mo. Make anodal galvanic applications to the vagina with a carbon electrode covered with absorbent cotton, wetted in a one per cent solution of holocaine or a four per cent solution of cocaine. Treat for ten to fifteen minutes for the first few times, prolonging the sitting as the patient can bear it. The sittings should be given daily, with a current strength of five to ten to fifteen milliamperes. The cathode may be placed at any convenient point, but preferably on the abdomen.

Give the same treatment to the urethra, with three to five milliamperes. Static insulation also to be given daily.

One week before the expected appearance of the menses, give daily treatments as follows: Place large pads on the back (anode) and abdomen (cathode), and pass a current of twenty-five to fifty milliamperes for ten minutes daily, commencing with the lesser amount. The other treatment should be omitted during this period, and until two or three days after the flow has ceased.

After the urgent symptoms have subsided, intra-uterine treatment may be instituted, using the anode or cathode as may be required. If there be pus in the tubes it can be demonstrated as follows: Give the intra-uterine application, with, say the cathode, and if pain be produced which an application of the secondary anodal faradic does not relieve, then you have pus to deal with. If sedation follows there is no pus.

This is Apostoli's rule, which I have repeatedly verified.

Case 4.—F. M. B. Gleet. Use a copper-tipped bougie with the galvanic anode to the urethra as in Case No. 2.

Case 5.—"Old Subscriber." Same treatment as in Case 4.

Case 6.—Dr. Pumphrey. Galvanization of the brain and spinal cord. Static insulation.

Case 7.—"Spinal Neurosis." E. D. A. Seat the patient on a wet pad connected with the cathode and apply the anode to the spine, passing it up and down with a current of ten milliamperes daily for fifteen or twenty minutes in the morning, and static insulation about five P. M.

Case 8.—Undeveloped Sexual Organs. Dr. Paxon. The faradic cathode applied to the inside of the thighs and to the undeveloped parts with a brush electrode I have found very useful, also the same to the lumbar region of the spine. Treat every day, if possible, for ten to fifteen minutes.

The organs may also be immersed in a bowl of water, in which is placed the galvanic cathode, the anode being at the base of the spine. Give ten to fifteen milliamperes daily for ten to fifteen minutes.

Case 9.—Hystero-Epilepsy. Dr. Watson. In this case galvanization of the brain and spinal cord is indicated, with strong suggestions as to ability to completely control the whole nervous system. The brain treatment should be as follows: Place the anode on the nape of the neck (base of brain) and the cathode on the forehead, using block tin plates, two inches wide by six inches long, over a folded towel, well wetted, and held in place with a bandage. Give three milliamperes at first, and if well tolerated increase one milliampere each day until five are given. Apply daily for ten minutes. Also give anodal applications to the spine, with the cathode to the base, ten to fifteen milliamperes for fifteen minutes daily, or every other day.

Case 10.—Undeveloped Sexual Organs. "Subscriber," Baltimore, Md. Same treatment as in Case 8.

Case 11.—Sexual Neurasthenia. Dr. H. F. O. Galvanization of the brain and spinal cord and static insulation daily, or every other day, as might be convenient. There is no agent that has such a happy effect upon these cases as the electric current in some one of its forms, judiciously applied. The same may be said of all the conditions attending a perversion of derangement of the sexual apparatus.

Case 12.—Vertigo. J. McC. Galvanization of the brain, as in Case 9.

Case 13.—Wry Neck. C. A. Use the galvanic cathode to the contracted muscles, passing up and down them with gentle pressure, using a current strength of three to five, or even ten milliamperes, for ten to fifteen minutes daily, the anode being on the back or chest. After treating the contractions in this manner go over the muscles of the opposite group with the anode, in order to stimulate them to more vigorous action. In this treatment the cathode may be placed on the chest. The cathode acts as a relaxant, while the anode promotes contraction.

I have had most excellent results in cases similar to the one considered in this paper through the use of the galvanic and faradic currents, as well as with static insulation. In all of the neuroses the vital forces are unbalanced, and it is the especial province of the element we call electricity to act as a powerful restorative in all such conditions. As a rule, judicious medication is combined with the electrical treatment; but in some cases no other agent is used, reliance being placed upon the electric current alone, and it rarely fails.

[Written for the MEDICAL BRIEF.]

Neoplasm.

BY FLOYD CLENDENEN, M. D.,
La Salle, Ill.

W. A. L., M. D., Nebraska, in the BRIEF for October, asks about the cure of an epithelioma on his lip, and whether he should have it cut. If the Doctor is in a hurry to get off this mundane sphere we say: *Yes, cut it*, and we will *guarantee* that he will not *fail* to make it worse and shorten his days; but if he will come to us, and produce proof that he *is an M. D.*, we will cure his cancer *free gratis*, by injecting a remedy. Had he given his address, as he and all others who ask for help should do, we would have written him personally.

[Written for the MEDICAL BRIEF.]

Phosphaturia from a Pathological Standpoint.

BY H. C. ALLEN, M. D.,
New York.

Seldom, if ever, will we be confronted with a specimen of urine which does not in a more or less degree show the presence of phosphates, whether such presence of phosphates be demonstrated microscopically or by centrifugal process. In the past years, with advance in the different departments of medicine, little, if any, attention has been given to the study of the origin of phosphatic elimination. Our text-books on physiology and pathology mention the various excretions to be found in the urine, viz.: the sulphates, chlorides and phosphates, and continue by stating that the true source of the supply of phosphatic excretions in the urine is derived from the phosphates of the alkalies and alkaline earth in the foods.

Phosphorus is introduced into the animal organism in inorganic and organic combinations—in the former instance in chemical preparations of phosphorus, and in the latter instance in the form of nuclein, casein and caseoses. No matter in what way phosphorus has been introduced into the organism, it will eventually leave the body in inorganic form. It remains with physiology to explain the physiochemical changes which phosphorus undergoes during its presence in the animal organism. We all know that the true harbinger of organic phosphates in the animal organism is the leucocyte, the nucleus of which is filled with the highly organic product known as nuclein. Still there remains the necessity of an explanation why, in cases of leucocytosis, where the number of leucocytes is manifoldly increased, the amount of phosphates eliminated by the urine does not also increase. We know that the elimination of phosphates in the urine is especially increased during the period of fasting; we furthermore know that a period of fasting is accompanied by a strong leucocytosis. We have on one hand a leucocytosis, produced probably by infection, by medication or by hygienic surroundings, with no marked elimination of phosphate in the urine, while on the other hand we have a similar picture of leucocytosis due to fasting, and with a subsequent large elimination of phosphates.

Recent researches in physiology and pathology give us the first understanding to know when and how to differentiate between the two leucocytoses heretofore mentioned, and the subsequent large differentiation between the amount of phosphate eliminated. To be able to explain away the doubt now existing, it is necessary to study the histological condition of the leucocytes in the various leucocytoses, which now may be classified as leucocytosis, depending upon medication, pathological leucocytosis due to infection, or as a leucocytosis due to inflammation. By means of proper staining methods, we are able to observe to what extent the nucleus of the leucocyte is filled with the organic element known as nuclein. We are able to determine to what extent the nuclein is split into its by-products by means of pathological processes.

We have the established fact that in all cases of inflammation by a leucocytosis an examination of the urine will show an increase of from one to two per cent of the phosphates by the centrifugal method, and microscopically we will see a picture of the earthy phosphates. In diseases due to inflammation we will also note an increase of phosphates by the centrifugal method, running as high as from four to five per cent, and the microscopical picture will also reveal earthy phosphates.

In a leucocytosis due to digestion we will note by the centrifugal method that the amount of phosphates decreases, and that the microscopical picture will reveal the very minutest crystals of the triple phosphates. An examination of the blood of patients presenting the three stages of leucocytosis due to inflammation, the amount of polynuclear leucocytes is about seventy-eight per cent. A leucocytosis due to infection will show a predominance of polynuclear leucocytes, their number being about sixty-two per cent of the entire white blood corpuscles. A leucocytosis due to digestion will show a number of polynuclear leucocytes, not

exceeding forty per cent of the total white blood corpuscles, and will alsoshow us lymphocytes representing forty-two per cent of the entire white blood corpuscles.

The creation of the lymphocytes, according to the best information, is due to the perfect supply of nuclein, within the nucleus of the leucocytes, which nucleus will be split into from three to six different nuclei, and nucleoli, each one of which surrounds itself with a blastema, to continue in the blood circulation as a young lymphocyte. The appearance of a sufficient supply of nuclein within the organism in all classes of leucocytosis must be attributed to the amount of organic phosphates derived from the nourishment.

Animal food is richer in nuclein than a vegetable food. Voit, as an authority, has demonstrated that the urine of herbivoria contains only traces of phosphates, and that the urine is always alkaline in reaction. Urine of carnivoria always presents an acid condition, unless the diet has been altered by the addition of alkaline substances, which will cause the urine to appear neutral or slightly alkaline. The latter condition might be produced by an extra supply of calcium salts. Bischoff, Munk, Muller and Luciani, all have demonstrated that the amount of phosphates eliminated in the urine after a period of fasting increases, and that upon feeding with animal substances the amount of phosphates at once decreased, while upon a vegetable diet the amount of phosphates eliminated in the urine decreases by but a small per cent. An examination of the feces reveals the fact that the amount of phosphates excreted in this manner upon animal diet decreases, while upon vegetable diet the amount is increased.

We find a very large elimination of phosphates in the urine in all conditions where an examination of the blood reveals a pathological condition—in hematuria, chronic anemia, leukemia and chlorosis. Experimentations in the direction to see what a special diet would have in the aforementioned diseases reveal no new facts. The only explanation we may find for the abnormal appearance of phosphates in the urine would be to attribute it to the destruction of some tissue rich in phosphorus, probably affecting the bones. The administration of inorganic iron in the aforementioned diseases has had a tendency to exert its influence upon the cellular element of the blood known as the red corpuscles, but it exerted little if any influence upon the leucocytes, and the true blood picture, as obtained in these classes of diseases, will always show a predominance of the older form of leucocytes in polynuclear form. Since the event of organic chemistry and its employment in the treatment of these diseases, the results obtained have been more favorable. Nuclein is especially indicated in the treatment of these diseases. Consecutive examination of the blood and the urine of patients upon whom nuclein medication has been used will demonstrate the following facts: The red blood corpuscles will gradually appear in normal form, and the amount of hemoglobin will increase. The white corpuscles, rich at the beginning, appear in polynuclear form, and will rapidly change into the form of lymphocytes and young mononuclear leucocytes. Subsequently the elimination of the earthy phosphates in the urine will rapidly disappear.

Whenever the elimination of phosphates in the urine is due to any other cause than the destruction of the tissue, rich in phosphorus, the elimination of the phosphorus in the urine will appear in the form of leucin, and this in the majority of cases is due to the administration of phosphorus in inorganic form. Recapitulating the various points held out in the preceding lines leaves no room but to advocate the combined examination of the urine and the blood, in the treatment of all diseases in which the urine shows an abnormal elimination of phosphates.

It advocates the true nuclein therapy, and organic chemistry has supplied us with a true organic nuclein in the form of protonuclein. Various experimentations with this highly organic product have resulted in building up tissue, and at the same time to reduce phosphatic elimination.

CLOSE of Vol. XXVIII, volume beginning with January.

[Written for the MEDICAL BRIEF.]

The Lymphatics of the Peritoneum.

BY BYRON ROBINSON, B. S., M. D.,

Professor in Chicago Post-Graduate School of Gynecology and Abdominal Surgery; Professor of Gynecology and Abdominal Surgery in The Harvey and The Illinois Medical Colleges; Gynecologist to Woman's Hospital, and Consulting Surgeon to Mary Thompson Hospital, Chicago, Ill.

(Continued from page 1654.)

Peritoneal injections holding coloring matter will demonstrate the various kinds of lymph capillaries in the centrum tendineum. The mechanism of the diaphragm is wonderfully constructed for the purpose of acting, sieve-like, as a great and rapid absorbent. The chief aid to this absorptive capacity is the motion given to the centrum tendineum by respiration. The narrowing and widening of the tendinous bundles, due to contraction and expansion of the diaphragmatic muscle in respiration, urges onward the lymph current. The motion of respiration acts on the centrum tendineum like a pump. The deep and superficial straight lymphatic capillaries aid especially in forcing onward the lymph stream through the spreading and closing of the intertendinous bundles. Again, as persistent anatomic exactness is not characteristic of the lymphatic system, we find peculiar deviations, spiral lymphatics, outside the various systems mentioned.

Whatever may be the functions of the superficial straight lymphatics of the centrum tendineum they absorb a wonderfully large amount of coloring matter from the peritoneal cavity in a very short time, both in the living and dead animal. So far as my experiments are concerned, no place in the centrum tendineum is so active in absorption as are the superficial, straight or radiating lymphatics. It appears that respiration dilates and contracts the radiating intertendinous spaces to a very marked degree. The straight, deep and superficial lymphatics seem to me to be very important lymph channels of the centrum tendineum. In respiration the straight lymphatics are widely dilated, while in expiration they are narrowly contracted, thus allowing them to fill and empty during the motion of inspiration and expiration. The straight, deep and superficial lymphatics connect the anterior and posterior systems of lymph vessels of the centrum tendineum, becoming in this manner an important factor in the onward progress of lymph through the sieve-like tendon. Perhaps in this respiratory motion lies its evolutionary process, its gradual steps towards its present condition in mammalian life. With the acquisition of more and more lung tissue the diaphragm assumed a wider range of activity. The wider range of diaphragmatic activity brought

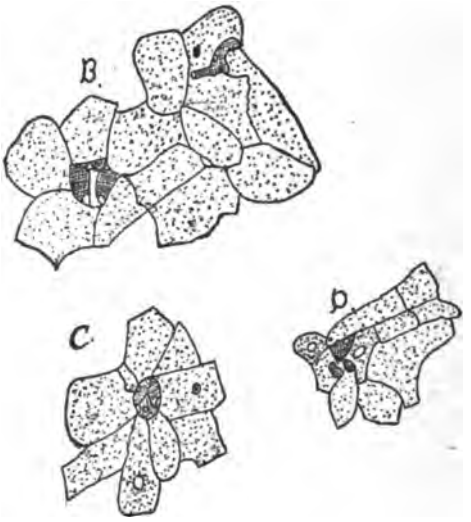


Fig. 14 Adthor). Sheep's omentum majus. (Oc. 4, ob. 8a.) The figures show grouping around stolata vera, A, B. C shows the endothelia grouped about them.

with it a necessity of considerable separation of musculo-tendinous bundles at the maximum point of diaphragmatic expansion, because the origin and insertion of the diaphragmatic muscles, musculo-tendinous bands are very various and arranged in an irregular circle: *i. e.*, on the irregular costo-vertebral internal circumference. As all tissue spaces are the recipients of variable quantities of lymph, the intertendinous spaces of the centrum tendineum, from their periodic narrowing and widening, not only become lymph receptacles but important channels for lymph currents, whose extent and rapidity of flow rests on the regularity of diaphragmatic ac-

tivity. Ages on ages of mammalian life with increasing pulmonary tissue and power, only tend to fix and increase this peculiar but significant function of the centrum tendineum. Again, during expiration the large liver presses upward on the musculo-tendinous bundles of the diaphragm, tending to increase the intertendinous spaces and enhancing the lymph flow. An examination of a rabbit or other animal's diaphragm will quickly reveal the vast intertendinous spaces and the enormous amount of fluid they may contain when the tendon bundles are widely separated from each other, and how very much fluid would necessarily be forced out by their tendon bundles approaching each other and closing up the vast spaces. One can not assert, perhaps, that all the tendinous bundles are separated during expiration now that all approach each other during inspiration, but that in all probability the musculo-tendinous bundles separate and approach each other during one respiration, *i. e.*, a complete act of inspiration and expiration. Therefore, we may assert that the chief absorptive power of the centrum tendineum is due to its straight, deep and superficial lymphatic spaces and the rapidity of the absorption is due to respiratory movements. It must not be overlooked, however, that the quiet diaphragm of a just killed animal will absorb almost as fast as the living one. Death (in non-aseptic cases) probably does not alter the diaphragmatic structure for four to six hours. In one case I found Berlin blue particles absorbed in the human diaphragm seventy-two hours after death. The experimental physiology of the centrum tendineum will be reported in detail in another place, but in some

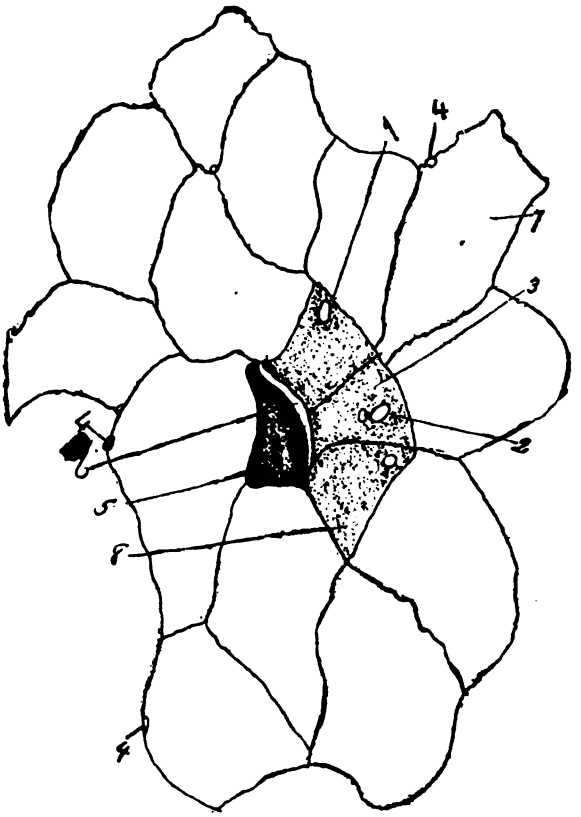


Fig. 15 (Author). Drawn from the cisterna lymphatica magna of frog (oc. 2, obj. 8a. Reichert). This figure shows well the grouping of endothelia around a stoma verum. 1 and 2 point to nuclei of the germinal, granular cell. 8, 8, lining the stomata verum. 4, 4, 4, stomata spuria. 5, points to a black mass: no doubt covering the granular germinating cells which line the stoma verum. It may be observed that at 8 the granular cell appears below the endothelium and shimmers through it.

thirty carefully planned and executed experiments we learned some salient physiologic features of the tendon, which may be summarized at the end of the chapter.

The first matter of surprise with every experimenter in the absorptive capacity of the peritoneum is that the chief point of active peritoneal absorption is the serosa of the diaphragm of man and other mammals. The discoverer of this significant anatomical and physiological fact was Dr. Daniel Recklinghausen in 1862, while experimenting on the peritoneum of rabbits. He demonstrated the matter by the use of Ag. NO_3 and by injections into the lymph spaces under low pressure. Later Recklinghausen showed that the lymph vessels of the diaphragm were profoundly influenced in puerperal peritonitis.

The best method by which to solve the question of the power of the diaphragm to absorb is to inject the peritoneal cavity of a rabbit with Berlin blue suspended in fluid, and then kill the rabbit from a few minutes to twenty-four hours afterwards. The diaphragm should be cut out and treated by various methods before examining it with the microscope. The method to test the normal absorbing power of the human diaphragm is to remove it as soon as possible after death and then place it on various kinds of fluid, putting it to a microscopical test afterwards.

The typical locality of the stomata vera are the omenta and the abdominal serosa of the diaphragm. However, my best specimens generally came from the gastro-splenic omentum of frogs. They may be found open or closed. The embryonic pig, the rabbit and the frog furnish, in my experience, the most typical stomata vera. It appears to me that the stomata vera are the centers, or preformed openings, around which endothelia group themselves. The embryo pig on its gastro-splenic omentum furnished the most typical, systematic, and numerous grouping of endothelia about the stomata of all animals examined.

The cells which surround the stomata verum are polyhedral, club-shaped, and of a dark red granular appearance. They have an ovoid or spherical shape. There may be but two or there may be six or eight surrounding the stomata. The cells may be large as an adjacent flat endothelial plate, or not be more than one-fifteenth or one-twentieth as large.

The especial distinction of the cells is that they are very granular. Some have claimed that they have found cilia on the cells lining the stomata vera.

If one examines the stomata vera, situated at the common junction of several cells, with a high power after staining with Ag. NO_3 solution, there can be observed at its mouth, which opens on the free surface of the peritoneal endothelium, small reddish granules possessing nuclei. These small masses are much darker red than the surrounding, and of a distinctly granular character and may present a granular polyhedral shape with nuclei. They are, in all probability, young germinating cells lining the surface of the canal known as the stoma verum. The silver solution intensifies their color from possessing considerable precipitable albumen. After considerable time spent on examinations of many scores of specimens, I am convinced that the stomata vera are canals lined with granular polyhedral nucleated cells. The stomata vera are not only surface mouths but canals of more or less perceptible length. In short, they are vertical canals lined with granular cells passing through definite distances and structures of the peritoneum. In the embryo pig the stomata vera may appear like looking down a long thick cylinder. It appears like the aperture of a well, lined with stone. The stones may represent the granular cells. In the diaphragm of the rabbit I found some of the stomata vera canals passing obliquely from the peritoneal endothelia in the subserous lymph channels showing a distinct length. If trauma be inflicted on the specimen examined one may frequently observe a part of the granular polyhedral cells, which line the vertical canal adherent in a beaded line broken away and floating about in the glycerine under the color glass. It shows distinctly where it was previously situated and waves about still as an intact portion of the cellular membrane lining the

canal. Again, trauma may be due to the Ag. NO_3 solutions which will prove a cleft between the lining membrane of the vertical canal or stomata verum and the smooth mouth made by the common junction of the endothelial plates. The cleft may be empty or filled with granular debris. The cleft or rift between the granular lining cells of the stomata verum, and smooth circumference produced by the common junction of the several endothelia plates, may be compared to the separation of the mucous membrane of the ureter from its outer wall produced by passing a sound. The loose mucosa of the stomach may also be compared to this traumatic separation. It is easy to separate the stomachic mucosa from the outer wall. It may be that the granular lining membrane of the vertical stomata vera contracts by the application of Ag. NO_3 solution. The vertical canals of which stomata vera are the mouths are not always perpendicular to the peritoneal surface. They may pass from the endothelial of the free peritoneal surface to the sub-peritoneal lymph channels in an oblique or curved direction. The specimens obtained from a rabbit's diaphragm after injecting a carmine solution into its abdomen fourteen hours—but innumerable fine grains should be held in suspension in the fluid so that the grains will be carried into the subserous tissue and be deposited. Diffuse coloring matter would color all the adjacent tissue and obscure structures. After microscopic experimentations on the rabbit's peritoneum with the alcoholic solutions of Berlin blue, one finds that the colored granules of Berlin blue have passed from the abdominal cavity to the subserous lymph channels in the diaphragm.

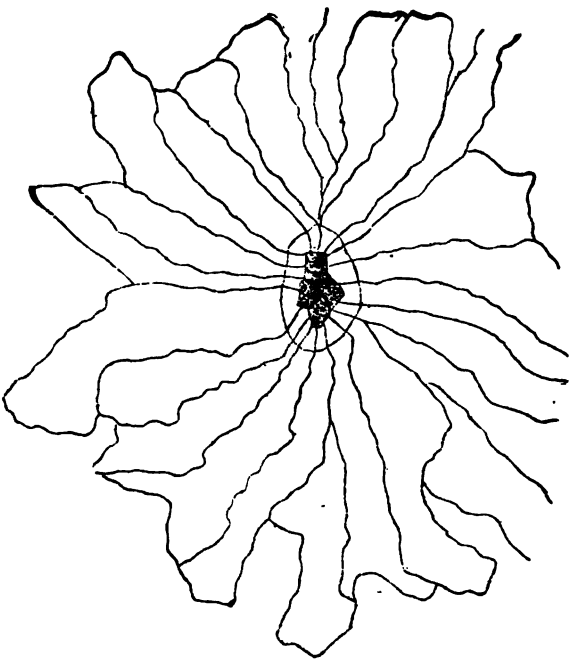


Fig. 16 (After Peter Nikolsky, 1880). Represents endothelia on the small intestine at b, b while the more rounded endothelia are on each side of the bowel. (a), is a stoma verum. The contraction and dilatation of the bowel elongates the endothelia over its surface in same manner that it does over contracting and dilating (blood) vessels. Drawn from male frog.

The process by which the coloring matter passes from the peritoneum into the lymph spaces is through the stomata vera, which are so numerous on the peritoneal surface of the diaphragm, or by local expansion of inter-endothelial space. The stomata connect the diaphragmatic peritoneal surface with the subjacent lymph channels. The stomata are vertical channels, lined by granular germinal endothelium, one end of which

terminates in the peritoneal cavity and the other end in the subperitoneal lymph space. To experiment on a human diaphragm it should be cut out

Fig. 17 (Author). From hepatic ligament of hen showing a very distinct stomata vera with six granular polyhedral cells, and also to the right of the stomata verum a dark granular cell not capable of division by high power. It ap ears to be a deviation from the stoma verum. There is a large amount of inter-endothelial substance in the hen's peritoneum and it is quite easily separable by high power into two dark lines with fine transverse dark lines. Also may be seen in the hen's peritoneum typical ciliary processes.

of a fresh cadaver with as little trauma as possible, then suspended by threads so that its abdominal surface is a depression or concave. Then, any kind of fluid desired can be poured on, as milk, alcoholic solutions of Berlin blue or carmine.

Another plan is to place the diaphragm over a funnel with the abdominal side downwards, then fill the funnel with enough of the desired fluid to allow the diaphragm to come in contact with it. The colored fluid poured over the diaphragm or allowed to remain in contact with it should be tested at varying intervals, say from ten minutes to two or more hours. In the rabbit the whole thickness of the diaphragm can be viewed through the microscope, while the diaphragm in man is so thick that it must be split and one can shave off a piece of the surface with a razor. In quite a number of examinations of human diaphragms microscopically, I have, so far, never observed any difference between the diaphragm of man and mammals. However, most of my labors were with the rabbit, dog and frog. I think Bizzozere states somewhere that the diaphragm of man and mammals is similar.

Oedmansson states practically the same. It is suggested by Radjewsky, who labored under Recklinghausen's direction in his Strasburg laboratory, that a thin layer of the fluid for absorption should be poured on the human diaphragm so as to avoid any weight. Simply pour a thin layer over the abdominal surface of the peritoneum and leave it for three to twenty-four hours, after which wash it carefully in distilled water. Small pieces from its surface can be snipped off and examined in a drop of glycerine, or it can be hardened with alcohol or Muller's fluid and osmic acid. Experiments on animals vary greatly in regard to results obtained, which must be chiefly owing to the trauma the diaphragm suffers during the experiment. The significant structures of the diaphragm are its lymph channels and stomata vera. Its significant function is its absorptive power inducing a fluid stream toward it in the abdominal cavity.

We will here consider the stomata vera, which are round or oval openings situated at the common junctions of (three to fourteen) plates. They were discovered on the abdominal surface by Von Recklinghausen by means of injecting milk or other finely divided

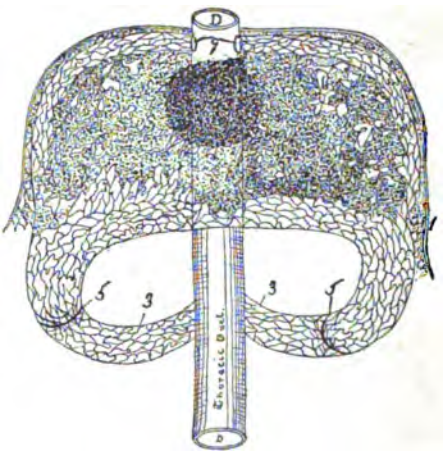


Fig. 18 (Author). Diaphragm to illustrate the lymphatic drainage of the centrum tendineum of the diaphragm into the two anterior and two posterior trunks. D. D, upper and lower end of the thoracic duct; 1, outer end of the diaphragm; 2, anterior lymph trunks passing on the poste ior surface of the xypoid appendix to accompany the mammary arteries; 3, 3, two posterior trunk s of lymphatic vessels which drain the c ntrum tendineum and empty into the thoracic duct; 5, 5, valves of the trunks; 6, 7, 8, are dilated lymph spaces of the tendon. The black spots represents the point of the centrum tendineum where the heart rests on it, at which p int there are no lymph spaces; 9, represents the mouths of the two anterior channels.

matter, into the peritoneal cavity of animals, and then tracing its absorption through the abdominal serosa by the

aid of staining with silver solution. The careful methods of experiments by which Recklinghausen arrived at his conclusions in regard to the stomata vera on the diaphragmatic serosa, are worthy of the highest admiration. With persistent and indefatigable labor he worked the matter out systematically from beginning to end, the chief part of which may be read in Virchow's Archives. The stomata vera are among the chief structures in the endothelia of the free surface of the peritoneum. They are found easily and distinctly in all the animals enumerated in this work. In fact, no animal was found without numerous stomata vera.

(To be continued.)

[Written for the MEDICAL BRIEF.]

Common-Sense Treatment of Erysipelas.

BY D. G. LASS, M. D.,
Minden, Iowa.

Review of Editorial, October BRIEF, article, "The Ostrich in Medicine," paragraph three. "Medicine is pre-eminently a science of experimentation and observation. While these methods of acquiring knowledge must be guided by logic, common-sense, etc., tradition, assertion, authority, medical conventions of any kind should never be let stand in the way of our breaking new ground."

Now, Mr. Editor, if ever you wrote a truth, the above is the very embodiment of same.

Take, for instance, erysipelas. It is just twenty years ago since I began the practice of medicine. I was taught the routine treatment, *i. e.*, the tincture chloride of iron internally, whether the trouble was sthenic or asthenic, with lard or cold cream or dilute lead water externally. Then in 1874 came "Hüter" with hypodermic injection of a two per cent carbolic acid solution near the inflamed parts. Then in 1881, Dr. Radcliffe, of Washington, D. C., reported a severe case (*Philadelphia Medical Times*, April 23, 1881) in which he used, as an application, carbolic acid, two drachms, with olive oil, four ounces, put on freely with a feather.

The above I practiced faithfully for about ten years, till at last I had a case, adult forty-eight years, who went on in spite of heroic doses of iron, first to cerebral congestion, coma and death.

That set me to thinking, and the question I tried to solve was: How much good did internal treatment do, anyhow?

This was in 1887, but here came my *Medical Record* of April 2, 1887, and on page 393 I read: "Prof. DaCosta continues to strongly advocate and recommend the use of pilocarpine in robust, plethoric subjects. It is of striking value, and better results can be obtained than from any other mode of treatment. Local means are not of much avail."

Now, here was authority, and I, at same time, was called to a case of facial erysipelas, who was neither robust nor plethoric. What was I to do? Having firmly made up my mind that internal treatment availed naught, I painted this gentleman's face with fluid extract of pilocarpus, and kept it painted for three days, when he was well. This treatment has done me good service. About two years ago I noticed the same in the BRIEF. But about six months ago some one in the BRIEF advocated spirits ether of nitrosi for erysipelas as well as rhus poisoning. Having by this time become somewhat independent and free to use what I think will cure my patient, and having just then a severe case of rhus toxicodendron poisoning, I saturated linen cloth with the nitre, and in twenty-four hours my patient was well.

Two weeks afterwards had a severe case of facial erysipelas.

Prescription given him was:

Listerine ..... 2 ounces.
Spts. Nitre ..... 6 ounces.
M. Sig.: Apply freely on cloth.

In thirty-six hours the fire was out. This, then, is now my treatment: First, dose of epsom salts, on general principles, internally; my Listerine and nitre mixture externally, and should patient be restless first night a dose of Bromidia.

[This is the kind of talk and action the profession needs.]—ED.

OUR mailing facilities have been pronounced almost *perfect* by the post-office authorities.

[Written for the MEDICAL BRIEF.]

Splints for Injuries of the Lower Extremities.

BY EMMETT D. BOAZ, M. D.,
Covesville Va.

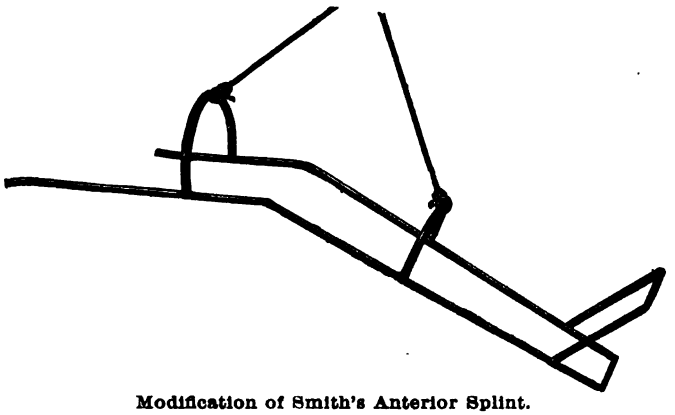
I desire to call the attention of the medical profession, who are readers of the BRIEF, to two splints which I have used very successfully in treating injuries of the lower extremities.

Perhaps no class of injuries cause the country practitioner more anxiety than the treatment of those of the knee-joint.

The chief difficulty in the treatment of these cases is to obtain a cheap, effective splint, one which will afford complete immobility and a slight separation of the articulating surfaces.

When I first began the practice of medicine I used Physick's modification of Liston's long splint for fractured femur, and the fracture box for injuries below the knee. All cases cured after days of worry and fatigue to patients, as well as to myself, without any deformity or apparent shortening, with the exception of my second case of fractured femur, which healed in the shape of a semi-circle, as there was considerable natural curvature, but much exaggerated by my treatment. This suggested the advisability of selecting a better splint for treating these fractures.

My next patient was the son of a natural mechanical genius, Mr. William Suddarth. With his assistance and the blacksmith I constructed a modification of Smith's anterior splint, somewhat on the plan of Hodgen's lateral splint, but



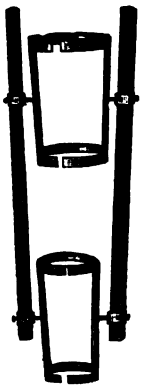
Modification of Smith's Anterior Splint.

In this article I do not propose to use "words of learned length and thundering sound, which might amaze the gazing rustics ranged around," nor yet a tale unfold of suffering caused by imperfect splints which would cause "each particular hair to stand on end like quills upon the fretful porcupine." But on the contrary, if I possessed the power, would "softly sweet in Lydian measures soothe the soul," by contemplating the peace, happiness, and relief afforded in fractures, by the application of scientifically constructed splints. But not being so gifted, I will, therefore, in a less poetical and musical strain, call to your notice the comfort and ease experienced in all injuries of the lower extremities by the proper adjustment of a soft, firm, swinging splint.

without the projection below the heel. After applying the splint I was surprised on my return to find that the father had attached an improvement of wood, extending from the heel, to which was fastened the stirrup of adhesive plaster. This was afterwards made of iron, as is represented in the picture. I have used this splint frequently in fracture of femur, of tibia and fibula, of patella, pistol wound near knee and synovitis of knee-joint, with perfect cures in all cases, except I only obtained ligamentous union in fractured patella and anchylosis in case of synovitis of knee-joint. This splint can be readily changed or shortened to fit any limb.

To adjust the splint, first apply stirrup of adhesive plaster to injured limb,

then reduce the fracture, placing cotton batting beneath the limb, and four bandages about three feet long beneath the cotton. Adjust the rope properly to the ceiling, fasten the stirrup of adhesive plaster and the ends of your bandages



Frame of Boaz Splint for Knee Joint.

to the splint, then raise the limb and splint with the rope. Then apply bandages beneath the limb and remove the temporary bandages as you come to them, so that the injured limb rests in a trough of cloth lined with cotton; over all apply a few turns of bandage and apply cotton batting between the limb and splint wherever it is necessary. To make extension, incline the rope slightly from the body, and raise or lower the limb from time to time to suit the ease and comfort of the patient.

This splint is as comfortable as Salter's cradle for fractured tibia. Can be used instead of inclined plane for fractured patella, and I have treated cases of fractured femur with this splint without any shortening, I believe that by inclining the rope more from the body, so as to make greater extension, fractured limbs could actually be increased in length.

This theory I know is contrary to the opinion held by the leading surgeons.

My next splint is intended for treating injuries of the knee-joint when it is desirable for the patient to walk about. The advantages of this splint are many. It is much superior to the ordinary gypsum splint, as it leaves the joint exposed so that the surgeon can see what changes occur, and also enables him to make local applications to the inflamed joint, and with it the joint can not only be made immovable, but also the articulating surfaces can be slightly separated—the principal points in preventing or treating a case of synovitis. Another advantage is the large surface over which the pressure is distributed. A very important point if there is much muscular contraction; thus diminishing the liability of blister forming from excessive pressure.

If, however, this should occur, use pulley and weight until the surface heals, then reapply the splint, using T shaped adhesive plaster beneath the splint. Another consideration is the cheapness and ease with which it can be constructed, so that a country physician can treat a class of cases which otherwise he would be compelled to send to cities for treatment at great cost.

I obtained the idea of this splint from Dr. W. C. N. Randolph, a distinguished surgeon of Charlottesville, Va., whom I called in consultation in a case of synovitis. He suggested and applied a tin splint, but this would not answer, as the tinner had carried out the idea imperfectly. With the aid of our village smith and saddler I then constructed a splint of iron, wood and leather, which served

Boaz Splint for Knee Joint.

every purpose, and which I have named "Boaz Splint for Knee-Joint," and hope that my claim, does not interfere with any prior claim as this was done more than ten years ago, and I wish to render "honor to whom honor is due." When,

at my request, the young man went to New York for treatment, not desiring to take the responsibility of curing the case with anchylosis, the splint was specially complimented by the instrument maker, and the doctor permitted him to wear it for two weeks after his arrival. But the treatment there did not save him from anchylosis of knee-joint.

To adjust this splint, first apply strips of adhesive plaster with the loose ends farthest from the joint, then a band of hose, over this buckle the leather band and turn the loose ends of the adhesive plaster over the leather, and apply a few turns of bandage over this. Then insert wooden bars, using some pressure before securing both ends, in order to separate the bones of the joint. I have used plaster bandages instead of leather, and light iron rods having threads to produce extension could be used instead of wooden rods. The frame of this splint, as is shown in the picture, consists of two iron frames connected by two lateral wooden bars.

The iron frames consists of two thin lateral plates seven inches long and three-fourths of an inch wide, riveted to two narrow bands of hoop iron; these can be changed to fit any limb. In the center of each lateral plate is a projection of iron three-fourths of an inch long, to which is attached a movable, or better, a revolving socket three-fourths of an inch square, with a hole for a small iron screw. The socket is movable, so as to allow. the splint to be applied to a limb either extended, or flexed at any angle. The projection is necessary to prevent the lateral bars from pressing against the inflamed joint. I firmly believe that by the judicious and early application of one of these splints which I have described many cases of synovitis could be prevented in injuries of the knee, and should inflammation occur, their use would hasten the cure.

I will close this article by expressing my appreciation of the service rendered by my fair young assistant, whose skill in photography has made so plain to my readers the construction of these splints.

THE MEDICAL BRIEF protects the doctor in all matters pertaining to his welfare.

[Written for the MEDICAL BRIEF.]

Is Consumption Contagious?

BY L. V. W., M. D.,
Texas.

I have wanted some information for a long time upon this subject, which has agitated the public interest for years, and now more than ever before. I would like to hear from all doctors upon this question. I am of the opinion that it is upon the principle of truth as is laid down in the book of books. Everything after its own kind. I have never met a case of infection. Have known families where father or mother died of consumption. The children follow where mother was immune. From the fact it was never known in any of her ancestors or kindred she nursed her children and saw them die of the inherited plague, she survives in good health to a ripe old age. The distinguished and one of the most reputable physicians and surgeons, Dr. F. Herff, of San Antonio, Tex., refutes the idea of infection and counts it fallacious belief. Dr. Osburn, of Cleburne, Tex., another reputable physician, says after sixty years' practice have never known this plague propagated by infection.

Speak out, brethren. Give us your experience and let us profit by same, for this is the great teacher, experience.

[Written for the MEDICAL BRIEF.]

Ivy Poisoning.

BY J. F. LOCKE, M. D.,
Long Prairie, Minn.

I notice in October BRIEF subscriber's inquiry for a reliable treatment for ivy poisoning, and yonr reply.

You should have simply answered Unguentine. Few persons have suffered as severely as myself from ivy poisoning; now I have no fear of it, thanks to Unguentine.

Have cured myself and many patients in from twelve to twenty-four hours with it. Rub it in thoroughly every two to four hours. Also take one or two doses of epsom salts.

[Written for the MEDICAL BRIEF.]

Malaria and Eucalyptus Trees.

BY GIFFORD KNOX, M. D.,
Westfield, N. J.

Several years ago you published an article—if I mistake not, an editorial—in which you showed that it was a matter of advantage to plant and cultivate eucalyptus trees as prophylactic of malarial disorders. I have the clipping, also attached to it, another in the form of the report of one of the United States consuls on the same topic. Now, I am not inclined to give you "taffy"—though you deserve it, *ad lib.*—but will you permit me to say that although I have medical scrap-books galore, there is no journal that I clip from more frequently than yours; and when I clip articles they stand as authority, page by page. I know many of those pages by heart, and—for use. Now, this eucalyptus idea is but one of the many, but it is perhaps as unique as any. It is my private opinion that Consul Dawson, of Samoa, spelled "Impatience" with a large capital I when he wrote his report. But never mind that. I succeeded in getting George B. Loring interested on the strength of it, and all in due course of time the hobby was born at full term. And it has grown, my dear Editor, until the seams have all pulled out, and the unmentionables show the ankles. It is a lusty hobby, and no mistake. Commencing very soon after Mr. Dawson made his "confirmation," the youngster has "just growed," Topsy fashion.

It is so, sure. Eucalyptus trees, planted to the windward, will "keep off malaria." I have taken pains to confirm this, and it is one of the straightest facts that you ever laid plummet for. Have proved it by observation. Let me "illustrate," and I promise that I will not use the Roman Campagna as an example. (It is a good example, though. Did you read that article in the *London Saturday Review* on "Drainage of the Roman Campagna," telling about it? Then Tommasi-Crudelli had an article in the *Practitioner* on the same subject.)

But, let me tell you, there is an island lying seven miles to the east of Venice, right in the lagoons, called Burano. It is the place where the Venetians go fishing and hunting, but from the very ancient times it has been malarious, so that all the sports catch malaria with the fish and foxes. But here is a "chain" your humble servant read in the MEDICAL BRIEF, passed it along to Gen. Loring, and down the line it went to Consul Duncan at Naples. Duncan was pushing for our cottonseed oil over there, but he had eyes and ears for other things, too. The sacristan of San Martino agreed to nest a flea in his large ear. It was proclaimed, "Ho, ye Buranelli! plant eucalypti!" Did so. Result? If you were to order Consul Johnson, of Venice, to go to Burano and secure some fat malarial germs, he would hunt in vain; but, instead, he might bring some fine specimens of punto-in-aria lace woven there. Which means that the eucalyptus trees flourish, and, in consequence, the lace industry has been renewed, and the hunting and fishing are *nil*.

That is one example. Here is another. In Victoria, nearly half a century ago, the gold fields of Bendigo crazed our English cousins. In a few years they were exhausted, and a city sprang up, with abandoned mines for cellars. Sandhurst they called it, and it is one of the prettiest of the busy cities of the antipodal continent. Its principal thoroughfare, Pall Mall, is marvelously beautiful. Rosalind Park is a paradise. The Botanical Gardens rival Kew. A populous, busy, healthy city, and yet, it is on the banks of Bendigo Creek, and there in the gold days every miner had his spleen bronzed by malaria. Same place, and what has made the change? Drainage? That may have helped, but give the maximum credit to the eucalyptus trees that flourish everywhere. Nowadays if you want bronzed spleens you have to get away from those trees.

I am not in hopes that you Westerners will go for Secretary Wilson and urge him to boom the planting of eucalypti. In fact, the Division of Agrostology is engaged in that line already, and it is not necessary to "inspire" our Uncle Sam. It is coming on all right. I wish that we might grow the eucalyptus globulus in every paludal district. Gov-

ernmental or individual, the hobby must keep growing. There is a great deal in the medicinal possibilities of that much-neglected tree. Eucalyptus has come to fine estate in the *materia medica* in these later years, too. Its sanitary powers have become established, and in Algeria as in Italy, Florida and Alabama as in Australia, its culture is transforming miasmatic into healthful districts. But, moreover, as a medicine, it bids fair to rival cinchona. If we will but so receive it, eucalyptol is not a whit behind quinia as a remedy. From Sandhurst the Sanders have been exporting it all over the world for several years, and it is in high favor. Where quinine is not tolerated, it is as apt as a remedy for malaria. I do not suppose that even with your heartiest efforts you could get the trees planted generally to antagonize the paludal wretches that make sad the heart of man. But between you and me there is a grand chance for that active principle. I admit that most of the "extracts" and "tinctures" are pretty near inert. Land knows what they contain, I do not. It is beyond my comprehension. But eucalyptol, Mr. Editor, it is unique. It is coming on wonderfully. Why, it will prevent the development of bacteria on the usual culture media in a dilution of one to six hundred and sixty-six, while carbolic acid requires a dilution of one in two hundred to do as much.

[Written for the MEDICAL BRIEF.]

Antikamnia In Parturition.

BY JOHN D. SCOTT, M. D.,
Roanoke City, Va.

About twelve months since I was called to a case of obstetrics. I found on examination the mouth of the womb high up, and firmly contracted, pains short and sharp, but not bearing down any. I thought I would stop the pains, as it was nine P. M., and see her in the morning. I gave ten grains of Antikamnia and returned to my office. In half an hour I was called in haste, and found the child born, and the placenta loose, ready to come away. I have tried it often since, and with the same result. And I have never seen any evil after-consequences. It seems to relax the genitals, without interfering with contractions of the womb for expulsion. If the case should linger it might be necessary to repeat the dose in three or four hours, and give ergot to increase the pains. But in all ordinary cases it seems to be all that is needed. The above discovery was purely accidental and unexpected to me.

Long live the BRIEF.

[Written for the MEDICAL BRIEF.]

Prize Fighters.

SILAS HUBBARD, M. D.,
East Aurora, N. Y.

Prize fighters are generally of Irish descent. The Irish have a combative temperament. The most successful prize fighters are born and raised on the coasts and bays of the oceans in the temperate climates. The bays and sea coasts favor agility, vigor and endurance. The people of the interior States weigh more and are taller than the people born and raised on the sea coasts. The people of Kentucky weigh more and are taller than any people in the world on an average. The bones of the people of the interior States are more fragile than those living on the sea coasts.

Illinois will raise the fattest animals, but she never can compete with Kentucky in raising race horses.

The native African is never able to become a successful prize fighter, but many of them raised on the sea coasts in temperate climates become successful prize fighters.

The great abundance of good food and favorable circumstances in the interior States is about as favorable to the development of genius and talent as on the sea coasts.

Gonorrhea.

Dr. J. B. Johnson, Washington, D. C., says: As an injection I rely upon Kennedy's Extract of Pinus Canadensis in the proportion of one part of Pinus Canadensis to six of water. This injection I direct my patients to use four times a day. With this treatment of gonorrhea I get great satisfaction.

[Written for the MEDICAL BRIEF.]

Logical Treatment of Alcoholism.

BY M. E. CHARTIER, M. D.,

Docteur en Medécine de la Faculté de Paris, Membre de l'Institut International de Medécine Dosimétrique, Paris, Correspondent étranger de la Grande Encyclopédie et de Plusieurs Societis Savantes, etc.

The object of this short monograph is not to claim the priority for the so-called gold cure of alcoholism and morphinism, although I can produce a short treatise on alkaloide-therapy by M. E. Chartier, "Docteur en Medécine de la Faculté de Medécine de Paris" (copyrighted some twenty years ago), in which the said gold cure was advocated by me. So much for the enterprising quacks who stole my idea. Right here, however, I must state that I have left my gold cure to its fate, having discovered that the preparations of gold (arseniate and chloride) are very unreliable as tonics. The quacks, or at least one of the most successful of them, has followed my example, and their secret formulæ, analyzed in Paris and London, and at my instigation, do not contain a single atom of gold in any shape or form. Is there a cure for alcoholism? Theorizing being of little value in actual practice, I will answer by relating a case of acute alcoholism, typical among twenty others more or less similar which were treated by me during the last two years. M., twenty-eight years old, single, paper hanger by trade, cannot work except at irregular intervals, which accounts for his irregular habits. His father died from alcoholism. Has taken a course of what he calls gold cure. When I am called the patient is on the edge of collapse. Intensely nervous, can not sleep. Has been on a spree for several days (he is what can be called a convivial, periodical drinker). Troubles of vision; is afraid of surrounding objects, which are beginning to assume the forms of all kinds of ludicrous animals. His stomach is so dilapidated that he can not indulge any longer in his favorite drinks, whisky or gin. Drinks only water, which he cannot retain for any length of time. Pulse rapid and fluttering, one hundred and ten to the minute, temperature one degree and a half below normal. I give at once, hypodermically, twenty drops of a solution of hydrochlorate of strychnia (one in one thousand). Then I administer one teaspoonful of Bromidia in water every half-hour until sleep is produced. When stomach will not retain it, a double quantity is used, per rectum, in warm water; at the fourth dose the patient is resting easily. The pulse is one hundred; temperature is not taken, it not being advisable to disturb the patient. At the request of the parents I call again six hours later. The patient is yet slumbering; I prescribe one teaspoonful of Bromidia every two or three hours. Weak milk punch every hour or so as soon as the condition of the stomach permits it. Hypodermic injection of hydrochlorate of strychnia morning and evening during the two following days. Light food is substituted on the third day for the milk punch. Bromidia in teaspoonful doses three times daily. On the fifth day I call on the patient for the last time. I recommend Bromidia at bedtime when necessary, sulphate of strychnia (one one-hundredth grain) internally, after meals. Six weeks later I meet the patient by accident. He takes Bromidia occasionally at bedtime, also sulphate of strychnia when feeling weak or depressed. M. tells me that he has resorted to this treatment (Bromidia and strychnia) when experiencing a craving for liquor. In this respect I have to state that in former cases, I met with fair success with the administration of cannabis indica in combination with chloral-hydrate, bromide of potassium and occasionally hyoscyamin, as it is well known cannabis indica is a splendid nervine stimulant, inducing tranquil repose without causing nausea, constipation, headache or stupor, without materially affecting the secretions.

"There is a good deal of confusion on the subject of hemp in this country, as there are at least three substances that pass under this name. There are, first, the resin obtained from the cannabis sativa grown in Asia, and distinguished in the pharmacopœia as cannabis indica; second, the product of the

cannabis sativa of this country, and called (in the pharmacopœia) cannabis Americana; third, the indigenous "Indian hemp," or apocynum cannabinum. The narcotic properties of the cannabis Americana are much feebler than those of the cannabis indica. The apocynum is an active diuretic."—Henry G. Piffard, A. M., M. D., in the revised edition of Materia Medica and Therapeutics, by Charles D. F. Phillips, M. D., F. R. C. S. E., Wm. Wood & Co., 1879, page 291.)

From this it can be inferred that the superiority of Bromidia is due not only to the chemical purity of the bromide of potassium and hydrate of chloral it contains, but also and especially to the standard quality of the cannabis indica, which the manufacturers justly claim to be genuine imported cannabis indica. For this reason, if for no other, I prescribe Bromidia as a standard preparation, vastly superior to the extracts and tinctures, which vary in strength and properties according to their origin, the material used, and the process of manufacturing. I can add, also, that cannabine does not represent exactly the active principles of cannabis indica, which contains, besides this alkaloid, a volatile oil, lignin, albumen, and a not well-defined species of gum.

Incidentally, and to make a complete report of the case of M., I have to relate a complication which arose from the carelessness with which the gold cure men gave him the hypodermic injections. They selected the abdomen, with the result that seven well developed abscesses of sluggish appearance showed later on. The patient called my attention to this about two months after his aborted attack of delirium tremens. I gave him internally one teaspoonful of Ecthol three times a day, applying freely the same preparation to the abscesses. Ecthol acted at once as an anti-purulent of the greatest value, and in a few days a perfect cure was effected.

Pelvic Disease.

Dr. Geo. E. Walton, Cincinnati, O., uses Aletris Cordial in cases of menorrhagia, ovarian irritation and uterine congestion, with exceedingly favorable results.

[Written for the MEDICAL BRIEF.]

Unique Twin Labor.

BY J. E. HUBBLE, M. D.,
Chilhowie, Va.

I read Dr. H. M. John's case of unique twin labor in September BRIEF and as I have had one similar to and another differing from it I beg to be allowed to report them through the BRIEF. I was called June 5, 1900, to see Mrs. G. in her first confinement. Labor went on naturally for several hours, when the first child was born, weighing eight pounds and well developed. I removed the placenta and thought I was through. In a few minutes patient began to have bearing down pains, which caused me to suspect twins. I introduced my finger and felt another bag of water. This I ruptured at once, pulled down a foot and delivered the second child, weighing five pounds, well developed. Both were boys and looked alike, differing only in size. In a month's time it took close observation to tell which was the larger.

Case 2.—Mrs. T. was taken sick on evening of June 19, 1900. Labor seemed tedious when I first arrived, and after eating supper I lay down on sofa in same room and went to sleep. I was aroused by her cries at half-past eleven and the first child was born seven minutes to twelve. I tied and cut the cord and handed child over to the nurse and without waiting undertook to remove the placenta, but instead of finding the placenta I found another bag of water. I ruptured it at once and found the head of another child presenting in the normal position, and at ten minutes past twelve the second child was born. These were both girls, one weighing six pounds, the other three pounds, the larger one being born first. There was only one placenta. The two cords were attached to different parts of placenta. Both normal vertex presentations.

Uniform Success.

Dr. A. P. Rowley, Denver, Colo., prescribes Peacock's Bromides whenever he wants to gets the action of the bromide salts, with uniform success.

[Written for the MEDICAL BRIEF.]

To Physicians.

BY J. L. WOLFE, M. D.,
Cedar Falls, Iowa.

No class of men have a better right to claim the privilege of exalting the conditions and circumstances of human life than have the members of the medical profession. The study of our science introduces us to facts and principles which show the basis upon which must rest health and physical prosperity, while it can not but expose to our view the great errors which are too often direct sources of aggravated and prevailing disease. Practice still more fully reveals these to our view, and prompts to an examination of the causes of human suffering.

The author of "A Life for a Life" says: "If I were inclined to quit the army, I believe the branch of my profession which I should take up would be that of sanitary reform—the study of health rather than of disease; of prevention rather than cure. It often seems to me that we, of the healing art, commenced at the wrong end; that the energy we devote to the alleviation of irremedial diseases would be better spent in the study and practice of means to preserve health." There is much force in this observation, and it is all-important for the reputation of our profession that we assume a department of philanthropy to the supervision of which we are justly entitled. Professions command the respect of mankind much in proportion as they exhibit utilitarian race elevating elements; and while none contribute more frequent gratuitous benefits to the sick and destitute, we need to take a step higher in the regions of social amelioration, and earnestly propagate and labor for those principles which will secure immunity from disease as well as remedies for it.

From the success which has attended a few who have labored in this department, we are satisfied that the principles of prevention are wider, nobler, more practical, and more determinate even, than those of cure; and the apparent contradictions of medical men in their views as to the laws of health is due more to a neglect of investigation than to any obscurity in the laws themselves. The new light thrown upon physiology and pathology in the last few years is a foundation step in the right direction; but even yet the power of medical analysis has not been sufficiently brought to bear upon hygiene dietetics and sanitary principles in general. Correct views in the profession freely communicated to the public at large on these and some other topics can not but ennoble ourselves, our practice and our race.

It has been said that the true method of putting down pretenders in medicine, as in everything else, is to enlighten the public mind. It is ignorance which affords patronage to secret remedies, miraculous cures and quackeries of all sorts, both in and out of the domain of physic. When all medical practitioners shall cease to be pretenders to more knowledge than they really possess, then will the public cease to patronize quackery; and a more complete education, intellectual, moral and professional, engendering higher views of their duties, will be productive of greater benefit and cause them to rank higher in the estimation of the public. That symmetry which God has stamped upon the universe does not fail in the "human form divine," and causation is a law of the physical man just as much as it is of other created things; and it is no more difficult to discover and develop principles and practice which will improve the aggregate of human health than it is to elaborate and induce conformity to the laws of intellectual and moral progress.

When, amid the desolations of the plague, a fire swept through London, and made such havoc with houses as the disease had with life, men stood appalled until they found that it was a heaven-sent purifier, and the plague was stayed. It corrected the oversight of officers and of the medical staff, and taught a significant lesson about the connection, even of epidemics, with appreciable causes. From this and volumes since, of facts accumulated by the past, and illustrated in the present, let us as physicians feel it our special duty and privilege to investigate the physical

laws of human society, and diffuse such information over the world-wide dominion of suffering and death, as will ameliorate and elevate our common humanity. Such effort will be appreciated; the physician and his profession will rise still higher in the scale of dignity and esteem, more than ever a living power, and more and better, and above all, the blessed satisfaction of doing good, the sweetest thing of life, will dwell within us as an abiding comforter, fitting us for duty here, and with divine enlightenment for happiness and peace in the land of eternal rest.

[Written for the MEDICAL BRIEF.]

Good Things—Pass Them Along.

BY A. D. FRENCH, M. D.,
Crete, Neb.

"Seize upon good where'er 'tis found
On heathen or on Christian ground."

Diphtheria.—Keep bowels moving two or three times daily with small doses of calomel.

℞ Glycerini Carbol. (5 per cent)...2 drachms.
Acid. Sulphurous.....2 drachms.
Liq. Ferri Persulphas.....2 drachms.
M. Sig.: Apply to affected part of throat with brush every four hours.

The following gargle may be used between applications of above:

℞ Acid. Carbolici.....5 to 10 drops.
Tinct. Iodini.....5 to 15 drops.
Potassi Iodi.....15 grains.
Glycerini ..... 1 ounce.
Aquæ Dist ..... 8 ounces.
M. Sig.: Gargle every two to four hours.

Where there is an invasion of the nose or larynx a spray of carbolic acid, ten drops in two ounces of lime water, is useful.

Follicular Tonsillitis in children yields quickly to:

℞ Sp. Tinct. Aconite..... 8 drops.
Sp. Tinct. Phytolacca.....10 drops.
Aquæ Dist ..... 8 ounces.
M. Sig.: One drachm every two hours.

Gargles and sprays are seldom required in this disease in children. In adults give twice the dose in above recipe, and use the carbolic acid and iodine gargle as in diphtheria. If tonsils are very painful, powdered salicylic acid may be dusted over them occasionally with much benefit.

So many letters have been received regarding my article on typhoid fever, in September BRIEF, that I take this means of replying to same.

No, I do not think the carbolic acid and chloroform materially shortens the course of the disease. My cases usually run eighteen to twenty-one days. But the treatment does greatly modify the severity of the disease, as evidenced by lower temperature, no delirium, no tympany and no diarrhea. When I have been called to a case where severe diarrhea has already supervened, I prescribe:

℞ Pulv. Opii ..... ½ grain.
Salol.....8 grains.
Sodæ Sulpho-Carb.....8 grains.
Bismuth Subgallate .....5 grains.
M. ft. Chart. Sig.: Give every two hours.

If I find much delirium or restlessness I use Daniel's concentrated passiflora, which is usually effective. In a few cases which I have seen in consultation I have had excellent effects from one-fourth grain morphia, hypodermically.

I wish to repeat here what I said in my former article on this subject, that carbolic acid and chloroform used early in the case will prevent all these complications.

[Written for the MEDICAL BRIEF.]

Heroic Doses.

BY N. C. GUNDER, M. D.,
Columbus, Ohio.

I was very much gratified by reading the account of Dr. Herring's (Wilson, N. C.) nerve in treating the eclampsia of lying-in women. The doses of morphia used would seem, to many physicians, alarmingly large.

Those doses called to mind a case of many years ago. A doctor in attendance on his sister, thought her lost; and in order to relieve her suffering, said: "We will send sister out of the world easy by giving her a full teaspoonful of tincture opium." Result, six or eight hours sleep. Great improvement, recovery perfect, lived many years afterwards.

"Courage," "judgment," are essentials needed.

DO NOT wait for some other time to send for the BRIEF, but do it now, while you think of it.

[Written for the MEDICAL BRIEF.]

Various Topics.

BY LUIGI GALVANI DOANE, M. D.,
New York City.

I am writing this article for the esteemed MEDICAL BRIEF, on the banks of a beautiful lake in New Hampshire, called Lake Sunapee. I came here with two sick persons from New York and shall return home much better in health. Lake Sunapee has got to be a place where dry and pure air can be obtained and quiet and rest acquired.

The lake is not well known to Southern or Western people, but it ought to be. The water here is clean, pure and clear, and on a pleasant day the bottom of the lake can be seen without trouble.

One of my patients is a boy, fourteen years of age, troubled with the new sugar disease. He ate large quantities of candy, popcorn and cake, but is now much improved. No doubt many of your readers will recall cases of a like nature.

The disease got to be a mania. Many years ago (1870) I reported for the journals several cases of abnormal appetites, notably a case of a girl at Smith College who consumed three or four soapstone slate pencils and recovered. The other case was one where an abnormal sexual desire caused a vaginitis. So excessive was this patient's sexual appetite that her desire could not be controlled by either moral or religious influences. The bromides, strychnia, and a number of other therapeutical agents failed to promote a cure. This poor woman became in the end a confirmed masturbator and died in Bellevue Hospital after a year or two. No doubt some nervous specialist could have suggested a cure.

At the present time manias of all kinds are helped a great deal by hypnotism and drugs.

In 1870 these manias were permitted, through want of knowledge, to die of nerve poverty. To your intelligent readers this seems sad, especially when the fact is known that hypnotism and mesmerism were known to the ancient Egyptians.

Dr Cave, of St. Louis, if I remember correctly, set up the theory that Christ had a knowledge of this science, and that many miracles could be attributed to this wonderful science. I do not think or believe that hypnotism can cure any organic disease, but do claim that if properly applied much good can be accomplished by a rational use of it. Anyone interested in its application will do well to read "Hypnotism in Mental and Moral Culture," by Dr. John Duncan Quackenboss, of New York City, a writer in *The Journal of Practical Medicine*.

Dr. S. Scruggs, of Hastings, Neb., in speaking of doctors, says: "To a physician who has been educated in one school and taught to believe that its teachings are correct, any other system appears irregular, foolish and wicked."

The Christian scientists, for example, appear to obtain good results and do not use any appliances or instruments, but place faith in the Lord and let it go at that. The Doctor's article is quite humorous and instructive, and shows a liberal spirit which all of us would do well to follow. That many diseases (?) are purely mental, all of us are aware, and it is not to be wondered at that a physician's success depends upon his magnet sm as much as upon his remedies.

The success of Weltmer and a host of other imitators of him is largely due to magnetic influences.

The great poet, Shakespeare, said, "Can'st thou minister to a mind diseased," and in another instance said, "There is more in heaven and earth, Horatio, than is dreamed of in your philosophy." "Throw physic to the dogs, I'll none of it."

Did it ever occur to your intelligent physician that when a man is well he abuses his doctor, and when sick embraces him with open arms. How little we appreciate a thing when we do not need it, and how much when necessity compels us to cry for it.

"When the devil was sick
The devil a monk would be.
When the devil was well
The devil of a monk was he."

Pure air, rest, a judicious use of remedies for the only rational method of the practice of medicine.

In many instances drugs can not be replaced. They are necessary and helpful adjuvants to successful treatment.

[Written for the MEDICAL BRIEF.]

Diagnosis Wanted.

BY C. W. CANAN, M. D.,
Orkney Springs, Va.

We desire the readers of the MEDICAL BRIEF to give us their diagnosis for the case reported below. That the case may be plain to all, we will say that no one point was more tender or painful than another, but was evenly rounded, and very painful to the touch all over the abdomen. He also had cystitis during the trouble for a few days. Could only lie on back, with thighs flexed toward abdomen.

John R., aged twenty-four years, day laborer, weight one hundred and twenty-five pounds. Had been working hard in the harvest field for several days; drinking large quantities of water and eating heavily of new vegetables, especially new potatoes and green beans.

On the night of June 26, after a hearty supper, he began to suffer with pain in stomach and bowels. The pain grew worse rapidly, and the family at once sent for me. On my arrival I found him almost unconscious, so great was the pain. The skin was covered with a cold perspiration, pulse one hundred and twenty, and very thready; temperature subnormal and tongue foul.

My diagnosis was that of neuralgia, and I gave him, by the mouth, two grains each of calomel and bicarbonate soda, and hypodermically one-quarter grain of morphia.

On the following day found him relieved and resting quietly. Bowels had moved about noon, and he asked to get up the next morning. I told him that he could, but he must be very careful about his diet until his tongue cleaned, as it was yet very foul. I left him some pepsin, charcoal and ginger tablets, to be taken after each meal.

This was Wednesday. On the following Sunday I was called to see him again, and found him suffering from pain throughout the abdomen and a severe diarrhea, the discharge containing considerable mucus and blood. The pain was spasmodic in character; the abdomen becoming very tense at times, and large knots could be felt throughout the abdominal cavity. This condition seemed to only be present when pain was severe.

On inquiry I found he had eaten very heartily of new potatoes the day previous. He was also very tender over abdomen. I again gave one-sixth grain of morphia hypodermically, and prescribed subnitrate bismuth and salol internally. The diarrhea subsided on the third day, but pain would still come on in paroxysms, and abdomen was very tender and decidedly tympanitic by this time. Bismuth was withdrawn and eight drops of oil of turpentine given every three hours with turpentine stupes (hot) applied over the whole of abdomen.

The tongue, at this time, was very red, dry and pointed; pulse one hundred and twenty, and temperature subnormal. Constipation now commenced, and for eight days we were unable to get an action. The abdomen remained rounded up, and so tender that he would not allow his clothing to touch him. Pulse remained in the neighborhood of one hundred and twenty and temperature about one degree subnormal. The paroxysms ceased and pain became continuous after constipation began; stimulants were given freely, turpentine and salol continued, and either turpentine stupes or poultices were kept on when he would allow them.

During the eight days that he was without an action he vomited often, but it was controlled with champagne and ice. Pain, when too severe, was controlled with morphia. For the constipation, laxatives were given, but were of no avail, and on the sixth, seventh and eighth days large enemas were given every few hours, but nothing but the antiseptic fluid that we injected came away. His vital forces were fast declining, for only liquid diet was given, and a large amount of that was vomited from time to time.

Early in the morning of the ninth day he had an action from the bowel of a half pint of shreds and pure pus. The greater quantity was pus, and the odor was something terrible. I have never smelt anything before or since like it. In about three hours from the time of the first action he had another consist-

ing of pus and a small amount of fecal matter. From this time on the pain subsided, the tenderness disappeared, the vomiting ceased and the tympanitic condition disappeared, the tongue changed for the better, the bowels became regular, the appetite improved and he was soon on the road to health. Thus in a very short time his condition, which was very grave, changed for the better, and he made an uneventful recovery.

[Written for the MEDICAL BRIEF.]

Why Is This?

BY T. B. MOORE, M. D.,
Capitan, N. M.

When the land is full of workers,
Busy hands and active brains,
When the craftsmen and the thinkers
Feel about them binding chains;
When the laborer is cheated,
Of the work his hands have wrought,
And the thinker, vain of logic,
Sees that reason comes to nought;
When the forces men have harnessed,
And have trained to do their will,
Ought to leave no homeless people,
And no hungry mouths to fill,
Have but proved themselves the servants
Of the shrewd and selfish few,
And the many get but little,
For the work they find to do;
When the labor of a million
Goes to swell the gains of one,
As the serfs of ancient Egypt
Slaves beneath a burning sun;
When the schemer and the sharper,
Hold the wealth and rule the land,
Using up the thinker's brain force,
Mortgaging the craftman's hand;
Where the many shear the sheep,
And the few secure the wool,
And the gallows claims its victims,
And your costly jails are full,
Then the men who dream of progress,
And had hopes of peace and bliss,
While they weep and wonder vainly,
Ask each other; "Why is this?"
Then the thinker, while confessing
That his vision yet is dim,
Says that one thing very clearly
Is apparent unto him.
That the people, blind or heedless,
Place themselves beneath the rule,
Either of the fiendish knave, or
Worse, perhaps, the sodden fool.

* * * * * * *

Physicians, before the vote is counted,
Ask each other: "Why is this?"
Reason cautious, by this method,
For it proves, for woe, or bliss;
Look to reason, not the dollar,
Flaunted by a thriving "band",
Or, it will bind us with a collar—
The key and lock at their command.

[Written for the MEDICAL BRIEF.]

Pneumo-Mechanico-Therapeutics—Combined with Electricity, Heat and Cold.

BY EDWARD C. FRASER, M. D., M. E.,
Philadelphia, Pa.

I have used the above heading to this article as expressing the ways and means I use in treating some chronic ailments. Not much has been written about the pneumatic or vacuum treatment. It was prominently introduced in Paris, France, by M. Junod, beginning in 1833, who used the pneumatic method, and was favorably commended by the Academy, and the Montyon prize awarded twice.

The mechanical effects of this treatment will equalize or restore the circulation and nervo-vital fluids in a remarkable manner, even in desperate chronic cases, producing a dilation of the blood-vessels, the opening up of partially collapsed arteries and veins, causing a marked increase of all vital properties in the tissues and organs, through the circulatory system, increasing nutrition of parts, favoring elimination and facilitating absorption. To explain more fully, I will state when the vacuum cup is applied to the skin and pump worked the blood is drawn to the surface of the body, where cup is placed; the red appearance of the skin proves this. This blood drawn away from deep parts, according to force used, has a tendency, if frequently used, to remove congestions, allowing fresh blood to flow to the parts at fault, improving nutrition as well as the circulation, eventually in many cases restoring to a normal condition.

If desirable to introduce medicinal fluids into the tissues, such fluids can be rubbed in the reddened area immediately after the cup is withdrawn, as the blood returning within the body will carry some of the medicinal fluids with it. The introduction of such fluids may be assisted by the action of the galvanic current (cataphoresis) positive or negative pole, whichever one may be indicated. If a solution of iodide of potassium, the negative pole would be the active one.

Heat and Cold.—The therapeutic effects of heat and cold are well understood by the medical profession. I will, however, state I have had made two metal balls, about two inches in diameter, attached to wooden handles. One before using I immerse in boiling hot water, the other in ice cold water, after making the skin moist by applying over its surface a sponge or cloth dipped in hot or cold water. I then remove the balls, applying them quickly and lightly over the surface of the skin, using alternately cold and heat. As a rule, the feelings of the patient will be a guide as to selection of temperature. High heat would be contra-indicated if any organic heart ailment exists, as the temperature of the blood rises with the increase of heat, and the action of the heart corresponds; but after a careful examination of a patient before treatment any complication can be guarded against.

I prefer in most cases the alternate use of heat and cold by these metal balls, on account of the reaction which is set up, and because the temperature is retained longer than if a sponge or cloth were used, besides being cleaner, and can be applied quickly to any part of the body it is desired to reach.

I have a hole made in the neck of each metal ball, so I can insert a metal tip attached to a conducting cord which is connected with a battery. The effect of heat is relaxing, so is the chemical effect of the negative galvanic current alkaline and relaxing. The primary effect of cold is contraction, so is the acid or chemical effect of the positive galvanic current. The hot ball I make negative galvanic, and the cold ball positive galvanic; by this means I get the double effect, the chemical effect, of each pole, as well as the effects of temperature. I find this useful where I desire to set up a reaction in paralyzed contracted limbs, stiff joints, and along the spine in some cases of locomotor ataxia, and where deep-seated pain exists.

Of course these metal balls can be used without the battery.

By the use of the vacuum cups, introduction of medicinal fluids when necessary, application of heat and cold, electrical currents, physical exercises, internal medication when required, many chronic ailments may be successfully treated (if not cured) as chronic rheumatism, sciatica, lumbago, torticollis, neuralgia, muscular atrophy, locomotor ataxia, paralysis, paraplegia, hemiplegia, some blood and skin diseases, congestions and depression of vital forces.

I could give the results of the combined treatment in chronic rheumatism, neuralgia, stiff joints, lumbago, etc., but I have selected a few cases of paralysis, hemiplegia, and locomotor ataxia to show what can be done in these ailments.

Mrs. C., of Delaware, sixty-six years of age. Right hemiplegia of seven years' duration, could walk fairly well, had no use of her right arm or hand. After thirty treatments, spring of 1900, returned home on account of the approach of warm weather. In a letter dated June 26th, she states: My family think I am much improved in my general health and paralysis; I can walk better. This lady had ample means, was treated in New York as well as in Philadelphia, and heretofore had not received much benefit. Such a case as this should be treated at least one year.

W. S., of Pennsylvania, fifty-two years of age. Left hemiplegia, six years' duration, came to Philadelphia for treatment July 3, 1899; wheeled on a chair, had to slide downstairs, could not walk, treated for several months; before leaving sent his chair home, and could walk from 712 North Seventh Street, this city, where he resided, to Arch Street, with the assistance of a cane. The treatment of this case was witnessed by several physicians, among whom was R. V. Wagner, M. D., professor in one of the medical colleges in Chicago, the well-known electrical expert.

W. W. L., aged forty-one, of Indiana, in 1895, had a stroke, lost the proper use of right leg and arm. After several months' treatment done light work and now is working daily.

J. D. L., of Philadelphia, aged forty, locomotor ataxia, diagnosis made by a prominent physician of this city, professor in one of the medical colleges here. After treatment about eight months condition greatly improved, now working daily.

Mrs. T., of Philadelphia, aged forty-six, locomotor ataxia of nine years' duration. Could not attend to her housework when she began treatment. At the present time does all her work herself.

Col. J. P., Denver, Colo., aged fifty-four, locomotor ataxia of ten years' duration. Condition greatly improved after several months' treatment.

I could give more cases showing the benefit to be obtained from the combined treatment. The great difficulty has been to get patients to remain under treatment a sufficient length of time, even when improvement is noticed. The treatment was somewhat varied to suit each individual case; as a general rule the vacuum caps were applied along the spine, beginning low down and going up over the cervical vertebræ. Medicinal solutions were introduced into the tissues of the body. Electrical currents, heat and cold applied, as well as some internal medication, and appropriate physical exercises.

[Written for the MEDICAL BRIEF.]

Medical Legislation.

BY A. V. FRIED, M. D.,
Cleveland, Ohio.

Noticing in the last issue of your valuable journal a reference to medical legislation, I believe we need some reform. My idea of medical legislation would be, to have a national examining board to hold semi-annual sessions, in Washington, representing each and every State. Each college chartered by legislation of any State shall recommend their graduates to National Board for examination, and when a student has passed a creditable examination before this National Board he shall be permitted to practice medicine and surgery any place in the Union; then we would be able to stamp out this so-called quackery and various humbugs throughout the United States.

I heartily endorse Dr. R. C. Bayly's system of practicing the medical profession.

THE BRIEF has testimonials of merit from the best known physicians at home and abroad.

[Written for the MEDICAL BRIEF.]

Growth on Lip.

BY J. HOKE, M. D.,
Cordova, Ill.

If W. A. C., M. D., who asks for advice in October BRIEF, as to the treatment of a neoplasm on his lip, will moisten the growth and apply as much finely powdered sugar of lead as will adhere, twice a day or oftener, it will cure it in two or three months.

I have retired from practice after sixty years' constant labor in it.

Pure Carbolic Acid in Mastoid Wounds.

Dr. W. C. Phillips, New York, makes a further report of the beneficial results obtained from the use of carbolic acid in the treatment of mastoid wounds and chronic suppuration of the middle ear. He has also used the pure acid upon the denuded surfaces after ossiculectomies, and also in burrowing pus sacs accompanying mastoid suppurations. After emptying the pus cavities freely, he uses the carbolic acid with considerable freedom, making use of a cotton carrier, and leaving the cotton rather loose at the point. The cavities are swabbed out with the acid, and the acid is left in for thirty to sixty seconds before resorting to the alcohol. In pus sacs in which this treatment was carried out, no operation has been necessary for secondary abscesses. In no instance has the use of carbolic acid been followed by any unfavorable reaction or any untoward symptoms, so that even if it is applied with considerable freedom one need have no fear of doing harm; of course bearing in mind the fact that the acid is thoroughly destroyed by the subsequent free application of alcohol.—*Med. Review.*

A Sure Hypnotic.

Dr. Angelo de Blasio, Naples, Italy, says: I have had occasion to use Bromidia in cases of insomnia, which had proved refractory to all other hypnotics, and its effects were all that could be desired. Above all, in no case has it produced signs of intolerance or other disturbance.

THE MEDICAL BRIEF

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Editorial.

Rest and Work.

This is a nervous age. We all live and have our being on a strain. Rest and peace are abstract terms. When we have any leisure, we exhaust ourselves having a good time. When we go to bed, we call up all the anxieties and perplexities that ever have, or may, afflict us, and think of them in every light and connection that can harass us.

In this way we distill a delicious misery and self-torment which effectually drives off sleep, adds undesirable gray hairs and crow's feet, consumes vitality, and is not of the slightest practical use in dealing with actual emergencies.

Most of the thinking that is done is nothing but worry. Most of the misery is imaginative. For one bridge on which we actually set foot a hundred are builded and crossed in the mind. Thinking which is based on premises of fact and proceeds to conclusions does not fret and wear the mind. It is health-giving like rational exercise of any other part of the body.

A mind kept in a constant state of uneasiness makes irritability the dominant note in a person's character. Irritability is the first stage of nervous exhaustion. If the person can be induced to "give up" at this time, and take the right road back to health, he will soon recuperate. Giving up does not mean going to bed, or even quitting work. It means relaxing mind and muscles. It means taking off the strain. Preserving mental composure and physical restfulness. Reasoning oneself into a contented frame of mind by means of faith, courage, honest intent to do one's best and let the consequences take care of themselves.

Lying down, a dead weight, with closed eyes, for a few minutes. Loosening the clothing, deep breathing and a well-ventilated work room will aid in bringing about the needed composure.

Don't get in a hurry. Don't be petulant. Concentrate your thoughts on what you are doing. When working, work. Don't try to carry on a foreign line of thought at the same time. When you go to bed, go to sleep. That is what you are there for. Speak slowly and evenly. Move about gently. If your mind is always with you, intent on what you are doing, you will accomplish more, your work will be better, and you will derive legitimate, healthful enjoyment from the doing of it.

The Fraud of the Age.

To war against impostures is as much the business of progress as to teach the truth.

Many of our readers may think that our unremitting crusade against anti-

toxin is much like hitting air, but while there are yet honest physicians who are inclined to take antitoxin for granted, and to use it upon the say-so of self-constituted authority, we can not feel justified in slackening our efforts to expose the greatest medical fraud of the age.

Moreover, it is not an isolated fraud, but the symptom of a perverted tendency in therapy. The whole serum business, with its mysticism, medievalism, materialistic superstition and common-sense nastiness, is responsible for an amount of folly not easily reckoned.

Antitoxin has held its own better than the other serums, because the carbolic acid which it contains is really a good remedy in certain cases of diphtheria, if given early before the disease has made serious inroads on the constitution. But it is just as much a fraud to pretend that the serum has anything to do with such a recovery as it would be to add a little strychnine to a barrel of spring water, and then attribute the tonic effect of the water to some hypothetical gas in solution.

If diphtheria antitoxin contains anything besides carbolic acid, it is not an antidote for the poison of diphtheria, but dangerous ptomaines formed by the decay of the serum. It is these ptomaines which cause the frequent complications and occasional deaths after the use of antitoxin. Would that physicians could all realize the hideous horror of using this nasty stuff as a remedial agent. But some are hypnotized by the overweening self-confidence manifested by the "discoverers" of serums.

The principles of antisepsis and asepsis should stay our hands from using antitoxin. Every sane American physician would exclaim at the ghoulishness of injecting pus into a child's arm (though they find arguments to justify worse practices in Continental Europe). Yet antitoxin is not far removed from pus. It is the decomposing serum of a septic horse, partially, and only partially, neutralized by carbolic acid.

It is not given to some minds, we know, to see facts as they are and in their normal relations, but there is no man of even ordinary intelligence who can not see what diphtheria antitoxin actually is to native sense and logic. As to any mythical ingredient, the so-called antitoxin, neither its existence, nor its therapeutic action as an entity apart from carbolic acid has ever been *demonstrated.*

To ask us to take it for granted because of the fanciful speculations of crack-brained German investigators is too much. Our credulity has been taxed too often. We are not a superstitious people, any way, but shrewd, practical, hard-headed. We repudiate the antitoxin myth.

Chronic Coughs.

This is the season of coughs and colds. Many people have one right on top of another until the cold becomes chronic catarrh, and "winter" cough lasts until warm weather comes around again.

You will be asked to do something for this cough that the victim may get some sleep and rest Often, too, the unfortunate sufferer will complain that he or she frequently loses a meal, because eating induces coughing, and the violent coughing in turn produces vomiting. They grow thin, anxious and harassed looking. They are afraid to make much exertion, to laugh, or even to take a long breath, lest they bring on one of these exhausting spells.

Now, do not give these poor creatures nauseating cough syrups, opiates or the like. They do them no good, disorder the stomach and enfeeble the constitution.

The circulation is usually slow and weak in such patients. Often there is portal obstruction. Blood backs up into the lungs, sets up irritation and provokes coughing spells. The natural way to treat this condition is deep inhalations of air made soothing and healing by medication. Deep breathing quickens the circulation mechanically, opens up air cells glued together by exudate and brings sore places into contact with air made artificially balmy and healing.

After considerable experimentation with various balsamic and sedative medicines, we have fixed on a mixture of equal parts Listerine, chloroform and oil of camphor, thirty to sixty drops on

antiseptic gauze, placed in a hard rubber inhaler open at both ends.

This to be used several times daily for five or ten minutes. If the patient coughs and strangles, let him wait a minute and then go on with the inhalation. This disagreeable effect will gradually pass away. Also any pulmonary soreness which may follow vigorous expansion of the lungs.

We also give a teaspoonful to a tablespoonful of pure olive oil three times daily, and the following:

℞ Ext. Prun. Virg., fl..... 4 ounces.
Seng ..... 4 ounces.
Caffeine Citratis..... 30 grains.
M. Sig.: Teaspoonful every four hours.

This plan, faithfully carried out, will cure winter cough in persons of average constitution.

Headaches of Nasal Origin.

Everybody has headaches. With many people they are of daily occurrence. In most cases they are either not treated at all, or else one of the coal tar derivatives is hastily swallowed. These preparations, by depressing the heart's action and destroying the red blood corpuscles, temporarily benumb the suffering, but it is in no sense a cure.

The habit of self-medication for headaches is a bad one. No one but a physician can accurately determine the cause of the headache, and sometimes even he is not sufficiently thorough in his search for it.

Bilious headache, simple congestive headache, neuralgic headache and the headache of renal insufficiency we all know, but an everyday cause of headache, overlooked nine times out of ten, depends on a congested nasal septum and middle turbinated bones.

If closely questioned, many of these patients will acknowledge a swollen and painful sensation at the root of the nose preceding the headache. Also, that the pain is sometimes cut short by the escape from the nose of a hot stream of water or an attack of nose bleed.

If the septum and turbinate bone are in contact, the head is seldom free from pain. There will be acute paroxysms with intermissions of dull soreness. This condition may finally eventuate in epileptic seizures. Twitchings and paralysis of facial muscles, wry-neck and tic douloureux frequently develop from the same cause.

Headaches of nasal origin are temporarily relieved by burning down the hypertrophied turbinates, but for a radical cure, the primary cause of the nasal congestion must be eliminated. Usually there is a scorbutic or rheumatic taint in the blood, with a torpid and diseased state of the cervical lymphatics, resulting in passive congestion in the head. The faces of these patients are sallow, sunken, expressionless. Normally, excess of blood sent to the brain flows out to the surface, blooming in the cheek and brightening the eye. But these patients have thick skins, ill-nourished and full of waste.

Daily massage of the face, neck and scalp with a stimulating application, thirty to sixty-drop doses of Iodia three times daily, to rouse the cervical lymphatics, will relieve the tendency to nasal congestion, and thus make permanent the relief from headache given by cauterizing the enlarged turbinated bones.

Sciatica.

Chronic sciatica is one of those diseases which make the physician despair. In the majority of cases it is not easily amenable to drug treatment because it is a lesion of degeneration.

Chronic sciatica is usually an expression of degeneration in the lower spinal cord. It is frequently associated with obstinate constipation and impotence. True neuralgia and neuritis of the sciatic nerve are, comparatively, easier to handle, yielding to remedies in ordinary use for the relief of similar affections elsewhere in the body.

The result is that there is much confusion and misunderstanding regarding the treatment of sciatica. Some, whose experience has been confined to sciatic neuralgia, claiming that it is easily cured, while others who have struggled with the terrible pain of a dying nerve, which characterizes the degenerative form of the disease, declare there is no cure.

It is possible to cure both if we discriminate in our diagnosis and adapt the treatment to the individual case. In the sciatica of degeneration there is a want

of vitality with which to respond to the action of drugs. The flesh of the thigh is hard, dense, board-like from obstructive lymph, or is bloodless, shrunk, withered. The skin is cold, deficient in normal sensibility, and lacks the fresh color of health. The individual has imperfect control over the limb. This is readily seen by requiring him to make a variety of voluntary movements with it. All the life in the limb seems to be concentrated in the sciatic nerve in the shape of pain.

In true degenerative sciatica, the rectum, sigmoid, sometimes the entire colon, are paralyzed and impotent. Consequently large collections of feces accumulate in the bowel, increasing the sciatic trouble by pressure.

To thoroughly evacuate the colon by mechanical means, and then prescribe a peristaltic persuader, is the first step in treatment. Next the circulation of the leg must be improved. Glutinous exudations, fibrous adhesions, bands, etc., must be broken up and absorbed. The lymphatics must be stimulated. The muscles must be vivified and the nervous currents of sensation and motion equalized.

A pill containing the protoiodide of mercury, podophyllin, aloes and powdered golden seal, in suitable dose, should be given three times daily. Apply a stimulating plaster over the lumbosacral plexus, and put the leg into a hot turpentine pack for fifteen to thirty minutes every day. Then rub briskly until dry and swathe in flannels. Also practice movements of abduction, adduction, circumduction, flexion and extension, first passive then resistance movements. A member of the family can be easily taught to do this. Later, walking, cycling, swimming, skating, golf, in moderation, will confirm the milder measures of therapeutic gymnastics.

If you will carry out this plan faithfully, first warning the patient that it will take from six months to two years of treatment, with very gradual improvement, sciatica will be less of a bugbear to you.

THE BRIEF has one-hundred and sixty pages each month, and only $1.00 a year, in advance.

The Best Weapons.

It goes without saying that the Doctor needs the best weapons in his fight against disease, and that his weapons are constantly being improved by his ally, the manufacturing chemist.

Perhaps one of the greatest, in recent years, has been made in Pil. Quin. Dad.

Quinine is about the most universally used remedy in the *materia medica*. Its fame as the best antiperiodic and a fine tonic, is general. But up to now its use has been attended by many obstacles and drawbacks. People who acknowledged its remedial effects, refused to take it because of the miserable sensations it produced—the congestion in the head, erethism and disordered stomach. Pil. Quin. Dad does not produce these unpleasant effects. It is beyond all question the best form of quinine.

Pil. Quin. Dad is made by a new process which renders it not only chemically pure, but dynamically very active and potent. So that smaller doses are needed than with other quinine preparations. Physicians who have once used it say there is absolutely no substitute for Pil. Quin. Dad.

Quinine is not only the best antiperiodic in existence, but as a simple tonic to the thousands and thousands of people constitutionally weak, who require gentle stimulation from the cradle to the grave, Pil. Quin. Dad will prove a boon. Such people are always highly susceptible, and can not take large doses or gross forms of quinine without disordering the whole system, but the doctor can safely prescribe the two-grain quinine pills of the Dad Chemical Company.

The last few months have afforded ample opportunity to test this improved form of quinine. Persons of torpid constitution suffer so much from the advent of cold weather, with its wide range of temperature and varying atmospheric conditions. The secretions of skin are easily checked, there is internal congestion, and while not actually ill, they are irritable, languid, sleepless, and out of sorts generally.

In this condition, to which it is difficult to give a name, one Pil. Quin. Dad three times daily, until the system becomes accustomed to the changes of the season,

will keep up a general action of the secretions and afford a mild stimulus to the nervous and circulatory systems.

By promptly recognizing and treating the pains and aches, languor and weariness which natural feebleness constantly causes, with some such simple means, we best prevent patients from contracting morphine habit.

Pil. Quin. Dad is a sharp and clean instrument. It does its work promptly and without friction. It is *the* remedy where quinine is indicated.

Death in Bad Meats.

Ptomaine poisoning is becoming an everyday occurrence. The growth of the cold storage business and the extensive use of canned foods is largely responsible. Raw and rare meats is another and a considerable factor in the situation.

Acute ptomaine poisoning soon overwhelms and rapidly exhausts the vital forces. There is no warning. The attack comes on suddenly, prostrating the healthiest man, and increasing in violence until the individual succumbs. There is little time for the action of remedies. The ptomaines attack the nervous system—the citadel of life—and exhaust its power to react, at the same time draining the body of its fluids through the bowels.

In chronic cases of poisoning the blood and skin are principally affected. There is a tendency to purulent affections and cutaneous eruptions. Ugly pimples and splotches disfigure the skin, there is weakness, disproportionate apparently to the nature of the lesion, and the general health suffers.

There is little use in physicking people who keep up the dietetic errors responsible for their ill-health. Rotten and imperfectly cooked foods will never make sound, healthy, vigorous and resistant flesh. All the medicines in the world will not repair the primary error.

Meats which are old or half-cooked are invariably suspicious. After death flesh begins to decay, whether kept in cold storage or not. Cold retards, but it can not prevent the changes of corruption. Meat softened—made tender by rotting—is not wholesome. Everyone would be shocked at the thought of eating flesh undergoing mortification but for the blunting effects of custom.

People do not, as a rule, reflect upon these things, but take existing conditions for granted. Consequently, physicians should make it their business to explain the importance of securing fresh-killed meats, and seeing that they are cooked thoroughly done.

It will also help the physician in his treatment to inquire into the diet on these heads—raw and rare meats, cold storage and canned foods—when called in to treat obstinate bowel troubles, skin and blood diseases of obscure origin.

Alopecia.

Baldness is not only unsightly, but the unprotected head is much more susceptible to draughts, atmospheric conditions, colds, neuralgia, headaches, etc. No artificial head-covering can take the place of a plentiful crop of hair. Healthy hair is both warm, light and self-ventilating. Normally, and when well cared for it does not retain perspiration or other impurities.

But comparatively few people groom the hair thoroughly every day, and with our habits of life, the hard, tight hats we wear, etc., baldness is steadily increasing. Nearly everyone has dandruff, an oily scalp, or one which is relaxed and sweats too freely, keeping the hair bulbs bathed in an acid, acrid secretion, which causes the hair to fall out.

It is easy to put the scalp in a healthy condition and restore the growth of hair by timely attention and faithful care.

The indications call for the use of a tonic and slightly astringent application of antiseptic character. There is nothing in the *materia medica* which so well fulfills these indications as Listerine. Pour a teaspoonful into the hands and rub into the scalp with a rapid circling movement of the finger tips. Continue this light massage until the medicine is all rubbed in and the scalp warm and glowing. Do this each night and morning. But a few minutes is required. It is the regular repetition which cures.

Listerine employed in this way gives great satisfaction, also, where the growth

of hair is slow and light. Its fine tonic properties as a local application make it equally useful in simple atony or disease of the scalp. It is not too much to say that it is, without exception, the finest scalp tonic in existence.

Better Ventilation Wanted.

Physical degeneracy is very common. Moral flabbiness and mental instability go hand in hand with it.

Physical degeneracy is easily recognized. It is sallow and bloodless. Its muscles are soft and feeble. There may be flesh in plenty, but it is useless flesh—anemic fat. Digestion is irregular, appetite capricious, and signs of malnutrition are written all over the body—in skin, teeth, nails, hair, bony conformation.

One of the principal causes of physical degeneracy is bad ventilation — vitiated, impure and stagnant air. It is not enough to let in fresh air, it must be evenly circulated—kept moving all the time. Fresh air should be admitted in such a way that draughts are avoided, and then it must be diffused, kept moving until its power of purification being exhausted, it is expelled by fresh air coming in in its wake.

If public sentiment were educated up to the importance of demanding the perfect ventilation of homes, stores, factories and public buildings generally, architects and builders would soon make a practice of fitting new structures with ventilating contrivances, just as they now do with improved heating apparatus and sanitary plumbing.

But the public does not know or appreciate that pure air is necessary to digestion and blood-making, to the burning of bodily refuse, or that it is the finest nerve tonic and sleep-producer in the world.

An abundance of pure fresh air will do more towards curing consumption, nervous prostration, catarrhal disorders, obesity, and a majority of functional ailments, other things being equal, than any other known therapeutic agency. It is a perfectly feasible thing to perfect an apparatus for admitting and circulating fresh air, without draughts, and to have our homes and all places of congregation thoroughly ventilated by such means. Then why do we continue to breathe impure, stagnant, disease-laden air?

Let us make a noise and keep it up until we rouse the Health Boards (?) from their serum trance. Let us give them one more chance to do a little practical good. If Health Boards would only clean up, stop the bad smells, give us clean water and good ventilation, we should know what they are for.

Senility.

Senility is one of those terms which has crept into our language through a perversion of life and knowledge, just as has insanity.

There is no reason in Nature why men and women should not remain in health, with sound organs, intact faculties, until the end of life—death being a transition state rather than the climax of a disease crisis, or of a long period of degeneration.

When men and women are incapacitated from the duties of life by senile changes, it is because they have not put up a good fight against the forces of decay.

The senile man is one who has habitually abused his constitution by excesses, or who has "moved on" in life only at the instigation of necessity. Many men find a rut in life, the occupation of which supplies their primary physical needs. They then become transformed into machines, making the whole business of living as narrow and automatic as possible. As human beings, they are stalled.

Such a man's blood creeps, his brain sleeps, his joints become rusty, his muscles stringy. His organs are hard and contracted. Yes, he is senile, but he need not be.

Life is a hill, and to keep in health we must walk steadily up it. There are in us instincts of assimilation, growth, development. To keep these instincts healthy and under control, the ego or soul of man must keep alert and in the lead. Be ever up and doing. If we do not make these instincts contribute to the natural unfoldment of the spiritual nature, they will become perverted, and the constructive forces which lie in them will turn their activity entirely into the

lower sphere of materialism, building up masses of inert, powerless flesh, or binding the mind and hardening the tissues with earthy deposits.

Youth is not the only time for deeds of skill and daring, for emulation, enterprise, study and courageous endeavor. The difference between the hopes and efforts of youth, manhood and age is one of quality, kind and sphere. The outlook of manhood and age is broader and higher. A normal man at this period is more tolerant, his judgment more accurate. He has learned something of the art of government. His moral nature has been developed and strengthened by knowledge of, and experience with, men and things. If he has kept himself hand-in-glove with Nature he is not senile, but sound and true to the core. Developing normally, he has reached the richest and most fruitful time of his life. He should continue in the full enjoyment of his powers to the close, like the fruit which is constantly perfected until it falls from the stem.

We have our choice between senility and the cultivation of a strong and resolute manhood. If we are willing to work for it, along the lines of Nature, we can enjoy health to the end of life. Nature hangs out warnings of departure from health in abundance. She makes us unhappy, and torments us with physical pains and aches. If a piece of machinery jarred and creaked in its action as our poor bodies do, common-sense would at once make us clean it up, and get it in smooth running order. But in our own case, some strange perversity leads us to look everywhere for a scape-goat. We wonder loudly what we have done to be thus afflicted. Or we murmur that it is the course of nature. "Growing old" accounts for it. Sometimes it is a mysterious dispensation of Providence, to which we piously submit, because it enables us to shirk the struggle of life, while we levy sympathy of our friends.

As we rise in the scale of being, and knowledge becomes more generally diffused, we shall come to look upon senility and insanity with the same indignation, mingled with our pity, that we feel toward suicides and all those who commit crimes against Nature.

Uniformity.

Uniformity insures stability and accuracy of calculation. The physician who uses medicines of uniform strength and uniform quality is much better equipped to fight disease than one who trusts these important matters to chance.

The manufacturing chemist furnishes us with remedies guaranteed to be uniform and reliable in every way. His very proprietorship in them, decried by foolish ethical pretense, makes the physician secure in his reliance on them. The manufacturer's business pride and success, his natural interest are the Doctor's best allies in preparing and maintaining remedies at a high standard of excellence.

If we study one of these choice preparations experimentally, according to indications and in its proper field, we find no startling variation in its action to mystify and confuse us, or make us doubt whether there really is any therapeutic virtue in drugs.

The fundamental requisite in successful practice is to secure uniform medicines of guaranteed excellence. The proprietary preparations of Squibb, Wyeth, Powers & Weightman, Sharpe & Dohme, Battle & Co., Rio Chemical Co., Sultan Drug Co., Od Chem. Co., Lambert Pharmacal Co., etc., are all this and more.

Then there is a knack of giving drugs. The conditions must be right for them to take hold properly. By studying the indications for and action of a drug, then observing the conditions under which it is given and how they influence its therapeutic effect, this knack may be gradually acquired.

As an illustration: We have learned that when a patient is relaxed and the secretions active quinine acts very promptly, and small doses will accomplish all that is required. Consequently, when necessary, we administer a preparatory remedy, such as gelsemium, to start up the secretions and make the conditions right for quinine before we give it.

Another instance: Bromidia is the best hypnotic in the world where there is mental excitement or emotional exaltation. When you want to put a

patient to sleep who is depressed, anxious, vigilant—that is, the conditions are not quite right, a medium dose of citrate caffeine with the Bromidia will adjust matters.

Sometimes when you conceive that Celerina is indicated in nervous exhaustion, yet it does not seem to take hold, a few doses of strychnine as a preliminary will set it to work.

These instances might be multiplied indefinitely, but every doctor is familiar with them. Let him secure medicines of uniform character, and stick steadily to the same preparations. Then he has a scientific basis for therapeutic calculations, and native shrewdness will do the rest.

Teachableness

A man can not make progress unless he has a teachable disposition. Coleridge's idea of genius was the "preservation of a child-like spirit." By this he undoubtedly meant a mind open to conviction, a heart ready to try a better way. Christ, the greatest of all teachers, told us we must become as little children—that a little child should lead us.

Teachableness does not mean mental vacuity, spiritual feebleness, by any means. To be teachable is not only to receive impressions, but to judge of and select from them those which are wise and good, by the aid of experience, common-sense and intuition.

To be teachable means to avoid preconceived notions, to throw prejudice overboard, to steer clear of bigotry. So-called liberalism is often as bigoted in its way as the most narrow pedantry.

The teachable man listens to opinions, theories, arguments, etc., all on their merits. Logic, history, plain common-sense, the circumstances of each case, all have weight in his decision. When such a man makes a mistake, he wastes no time in lamentations. He repairs the consequences, so far as he can, seeks out the cause of his error, and avoids it for the future.

The teachable man is never a doubter, a scoffer or a cynic. He does not encase his spirit in a crust of ice, because the world is not exactly as he would like to have it. Instead, he lets his ups and downs broaden, deepen and sweeten his nature. He finds that every experience, whatever its nature, has its lesson. He wants to learn, and he knows he can not if he is continually putting buffers between his ego and the teachings of life.

It is a perversion of will-power to try, artificially, to deaden the soul to the shocks and upheavals incidental to living by cultivating a hard, mocking, or angry and protesting point of view. It is sure to react upon us, destroying the power to find happiness in small things by benumbing all the little hair-like roots of perception, so subtle in action that we do not notice them, but which bring happiness and wisdom in such quantities as enable us to live unconsciously in harmony with the Universe.

It is the phenomenon of assimilation over again in another sphere.

Let us be teachable. Let us give every man, every school, a hearing, putting all strictly on their merits. Let us accept the lessons of life, whether they bring us pangs or pleasure, in a cheerful spirit, as part of the great world experience, and do the best we can under the circumstances.

It is astonishing how much such an outlook simplifies life. Action is the natural relief of thought, and a truly teachable mind turns to it quickly. Kind acts are the true remedy for mental pain. The teachable man soon learns this. Progress accompanies such an order of things in the natural course.

Medical Mystics.

The sublime unconsciousness with which serum therapists humbug themselves and hypnotize others is beautiful to behold. The gravity, not to say effrontery, with which they assume premises and discuss principles never established and incapable of demonstration, is astounding. The jargon which they speak—untranslatable in terms of common-sense—sounds, still, so much like language, you instinctively listen and strive for some glimpse of meaning and reality.

Here is the way one writer begins a lengthy article on the bacteriology and serum treatment of diphtheria:

"It is not my intention to treat the subject from a practical standpoint [oh,

no!] but rather to touch on the *scientific advances* [italics ours] which have been made by the bacteriologists and those engaged in working out the problems connected with serum therapy."

This is the sanest, most sensible and truest remark which the author makes in his whole, long paper. But what is the good of science which is not practical and problems that have no reality, to doctors?

Of what use are test tube and guinea-pig experiments to a man busy treating chronic rheumatism, measles and chills? He has not any time to follow up theories, hunt up bacilli, make cultures, nor keep a herd of animals to experimentally differentiate the bacteria of disease in diagnosis. His bread and butter is not guaranteed in the shape of government pensions for imaginary discoveries. He has to cure people if he wants to succeed. Sensationalism is not the card for him.

The author of the ingenious word puzzle, which has inspired this article, remarks: "Bacteriologists have been trying to work out a theory as to what happens when an animal is made immune by repeated injections of toxins." We can tell him. The vitality of that animal gets a frost. It is temporarily benumbed, not killed out—always—because Nature is strong and will bear meddling in small doses.

But the immunity acquired by gradually paralyzing natural, instinctive tissue excitability, is not an unmitigated blessing. Persons who inherit lowered vital resistance through ancestral blood-poisoning—alcohol, syphilis, gout, malaria, or what not—seldom have acute, self-limited illnesses; but we do not consider their immunity any particular advantage. Cellular immunity, secured by gradually poisoning the blood, makes vitality retreat to the nerve centers, and we simply exchange constitutional susceptibility for intolerant and unstable nerve centers.

The only practical proposition connected with serums is their manufacture and sale as articles of commerce. This is the source of their vitality. Without this commercial interest, and the pensioning of pseudo-scientists to make speculative and conjectural researches into shadow-land, we should hear no more of the unintelligible gibberish supposed by some to be the language of modern medical science.

Erosions of the Cervix.

An experienced gynecologist, in a recent number of the *Boston Medical and Surgical Journal*, says: "I do not consider erosions the innocent, or simple affairs which many, I am sure, do. I believe that they have a marked influence upon the nervous system of delicate women, and that something should be done for their relief."

He is undoubtedly correct. Reflex irritation from the uterus is the source of much nervous debility among women. Delicate nerve filaments laid bare by erosion and constantly bathed in acrid discharges, is quite enough to keep the nervous system in a state of chronic exhaustion.

If there is any doubt in the premises, the invigorating effect on the constitution of tonic local applications will soon silence it. A soft, succulent, prolapsed and gaping cervix, eroded, tender, and bathed in morbid secretions, will become normal in six to twelve weeks' local treatment with tonic applications of Kennedy's Dark Pinus Canadensis.

After a copious douche, drying and cleansing the tissues with absorbent cotton, saturate a disc of plain cotton with the Dark Extract, full strength, and apply to os. In some cases, it will be necessary to pack the vagina lightly with cotton or gauze, after making the application, and use a T bandage to retain all.

Sometimes it will be necessary to give a uterine tonic in addition. A combination of Ergotole, fluid extract hydrastis canadensis, fluid extract cimicifuga and Aletris Cordial, according to indications, is unexcelled. If there is constipation, enough fluid extract cascara sagrada may be added to regulate the bowels.

But the writer has seen cases in plenty whose nerves were utterly gone, dropping things, trembling, screaming, laughing, crying, doing everything immoderately, in whom tone was restored to the nervous system simply by the local treatment given above.

In about seventy-five per cent of women, anything wrong with them makes straight for the uterus, the peculiarities of its circulation and function making it, as a rule, the most over-developed and susceptible organ. Hence no lesion, however trivial it may appear, should go untreated. Unnecessary gynecological tinkering is to be deprecated, of course. A normal uterus is to be left alone, and the source of nervous trouble sought elsewhere, but erosions left to themselves will keep up the congestion and nerve-jangling, indefinitely. Without proper treatment, they have no more chance of healing than a chronic ulcer on the leg—in fact, not as much.

Medical Reciprocity Between Nations.

Our growing influence and power as a nation reminds us that we may permit ourselves a little pride and proper self-respect in a medical way.

We have been keeping open house to physicians of other nations, while they have been exclusive to the point of narrowness where American doctors are concerned. It seems about time we stopped doing all the favors. A monopoly of goodness is unwholesome. It breeds smallness and meanness in those outside. There is a word—reciprocity—which will cover the situation admirably.

Americans may go to France, pay their money and take a University degree, but this does not entitle them to practice there, nor is the examination for a certificate open to foreigners.

Here, in America, we welcome effusively every foreigner who can show a certificate from Heidelberg, Leipsic, Bonn or Paris. We tacitly accept his self-satisfied assumption that his credentials and training are superior to the diploma and instruction furnished by our great American universities. Yet any American doctor who has traveled abroad knows that American medical colleges are infinitely superior in their methods and results to those of Continental Europe. They are not so rich in clinical material, perhaps; rare and interesting cases are more wanting. But American clinics are more typical of what we find in actual practice, and, therefore, more useful and instructive.

While age matures and ripens, it also causes decay. The Continental universities have degenerated. The study of pathology, the contemplation of abstract disease, as entities separate from life, has led them into false views and corrupt practices.

American and English colleges are more practical and truly progressive. *Materia medica* and therapeutics, sanitation, hygiene, prophylaxis, and now psychology, furnish us definite ways and means to struggle with diseased processes and symptoms.

Taking it altogether, we have very good grounds upon which to insist that medical reciprocity shall be observed between nations. We accomplish something with our knowledge. We are definite and positive in our teachings. A man graduated at one of the great continental universities comes away with a confused knowledge of everything pertaining to medicine, all dominated by a sense of hopelessness and futility, which almost negative any practical use to which such knowledge might be put.

But we can not expect Continental Europe to accept our views of reciprocity until we realize our advantages and claims, and act accordingly.

It would be a good thing to require every foreign physician, on coming to America, to pass an examination held by a National Examining Board at Washington, branches of which may be established at various large cities for convenience.

We believe such a measure would have a very enlightening effect as to our medical status on the continental nations who refuse to recognize, or credit, the degrees of our great universities.

Homeless People.

The fate of the American Republic depends upon its people, and these people are the product of American homes.

The teachings and influences thrown around children in Christian homes send out men and women of strong and rounded character to face the responsibilities of life.

Notwithstanding this, notwithstanding the importance and necessity of homes as the foundation of all society and

government, notwithstanding the powerful home instinct, the number of homeless people is steadily increasing in this country.

In the case of the old, who have partially outlived life's responsibilities, whose children are reared and scattered, it does not so much matter, but the majority of people living in small hotels and boarding houses are young married folks who wish to avoid the cares and responsibilities incidental to home life.

As a result, we find their children growing up with precocious minds, artificial manners and worldly wise before their time. Natural growth and development receive an early check. They are mentally superficial and flippant through abnormal stimulation, spiritually dormant and physically immature. Better for them the poorest home than the utmost comfort of a mere lodging house, where every natural impulse of healthy childhood must be stifled.

Great men and women have either been reared in homes where the friction of adversity brought out and developed their resources, or by methods in which wisdom imitates the means and ends of necessity.

Not only does the mind and character of the individual suffer from habitual contact with a thoroughly artificial environment—and, indirectly, society—but disease creeps in. Men do not suffer so much as women, having business cares and interests to fill their time, but their natures become one-sided for want of home influences. Life in boarding houses is very relaxing to the moral nature, and such an effect is disastrous while one's nature is undisciplined and a more or less unknown quantity.

Women leading this unnatural life have too much time to think about themselves. They trust their children to others, give them the run of the place, careless what they learn, and either plunge into social dissipation to relieve the monotony and tedium of a life without duties, or adopt the habits of an invalid.

The Doctor is the man who can, and should advise with people in every important step which they take. He can show them the far-reaching importance of the home. Most of us will only do things from necessity. Consequently we must give some sort of bond or hostage to faith, which will entail unavoidable duties and obligations. The home does this. It has a steady effect. The average man and woman will not try to shirk immediate and pressing responsibilities, however slow and unwilling they may be to seek out the irksome sphere of duty.

In the home people develop and grow strong unconsciously through the compulsion of necessity. Personal and family interests involve the study of ways and means, economic management. Through these patience, self-denial and similar moral attributes, are acquired. Little time is left for hysteria, hypochondria or the pursuit of meretricious and illicit pleasures. For the young, judicious home training is probably the richest educational experience of life.

Physicians should speak out and insist upon the value of home life, in the interests of government, society and medicine. It was home life that made the Anglo-Saxon and Teutonic races invincible. It was home life that made the old Roman Republic possible. It was home life that developed the bone and sinew of America. It is, in part at least, the absence of true home life which is causing the decadence of the French people. Home life breeds individuality, as life in hotels and boarding houses fosters communism.

Only a Few.

It is a common occurrence to hear intelligent laymen remark that there are but few good doctors. What are the reasons for such a belief and what are the causes underlying this dissatisfaction? Such a view of the medical profession is not flattering, but it appears to be sincere and founded upon personal experience. It is advisable, therefore, that we lay aside our dignity and partiality to self, and inquire into the matter.

The charges made against us are to the effect that we are pompous and opinionated. That we lose sight of the object about which we are consulted, namely, the quickest and best way to cure our patients, in the opportunity to

display our learning, enjoy our authority and swell our purses by unnecessarily prolonging treatment.

It is asserted that the average physician knows very little that is practical and useful. That he makes no attempt to study and make progress in his vocation. That he does not try to comprehend the constitution, temperament, and character of his patient in order to prescribe intelligently the drugs and manner of life which will benefit that particular individual, but adopts the prevailing fad or fashion in medicine, and advocates it indiscriminately in all cases, regardless of circumstances or conditions.

Further, it is claimed that many physicians do not scruple to humbug and mislead patients by pessimistic prognosis and predictions, thus inducing them to make sacrifices of time and money which they can ill afford, and for which they receive little or no benefit.

It is said, too, that many physicians pursue a financial system which verges on dishonesty. This system consists in making their wealthy patrons pay ten, twenty, yes, fifty times, the fee charged a man of moderate means.

Professional services are an article of commerce, and there is no known business principle by which a man's wealth can be made the standard of value of a commodity. The physician must figure his charges in accordance with custom, the character of his work, nature and extent of his patient's demands upon him, and once having settled his fees, adhere to his established scale. If a thing is worth so much, it is worth no more, and it is certainly not honest to expect one man to pay an exorbitant fee simply because he is able to do it. Yet there are physicians who make a practice of charging the wealthy patron as much as they think he will stand, as an off-set to bad debts, or because the opportunity is too tempting to be resisted.

This practice injures the doctor who pursues it more than any temporary financial windfall can compensate for. He gradually comes to be looked upon as a "sharper," a professional highwayman, to be avoided by the knowing.

Only the other day, a business man, who had been having some trouble with his breathing, concluded it would be a good plan to have a doctor look him over at intervals and pronounce upon his condition. So he called upon a certain physician and inquired as to the cost of the procedure. The sum named was so exorbitant the patient left the consulting room without further parley.

It is a serious charge that physicians are falling into the habit of silencing the importunities and complaints of patients with the hypodermic syringe, the constant use of chloral and similar drugs, thus saving themselves trouble and establishing the dependence of patients on them for the means to endure their suffering, which is thus perpetuated.

It is a good thing sometimes to see ourselves as others see us. These charges show the pressing need of business principles in the practice of every vocation, whatsoever its nature. Practical ends, aims and objects. The necessity for educating people up to high standards of service and accomplishment, the supplying of these demands, charging a liberal but uniform price for the work.

Reasonable profits and an increasing patronage as the outgrowth of satisfactory service and the confidence born of it. A weeding out of the professionally unfit as the inevitable result of such methods and calculations.

It is to such a business system, with its stern, practical morality, that the practice of medicine must be ultimately reduced. Nor is the process incompatible with humanitarian considerations of the highest order. The physician who is compelled to study, think and work incessantly to keep up with the competitive race, who has superfluous knowledge and skill stored away as reserve forces, whose business methods have given him relief from financial anxiety, whose willing acceptance and discharge of all his responsibilities has set conscience free to enjoy life, will be the most sympathetic, charitable, helpful, hopeful and faithful counselor and friend man ever had in the dark days of disease and death.

Drug Habits.

We have all learned by sad experience that there is a growing class of men and women in every community who suffer from morbid sensibility. They have no endurance, magnify every pain and trouble, and make no effort to philosophize or struggle against the physical and mental foes of health and happiness.

Let one of these men or women ever become acquainted with the pain-deadening, the soothing and exhilarating effects of morphia, cocaine, alcohol, and his or her fate is sealed. At first they seek these drugs, especially morphia, for the indescribably delicious feeling of well-being, freedom from anxiety, care and suffering which it yields for a brief period. Afterward, they hunger ferociously for it to take them, for ever so little a time, out of the burning hell which life, without the dope, becomes to them.

For morphia, used constantly, steadily sensitizes the nervous system. The shock inflicted upon the brain and nerves by the habitual use of any of these drugs increases the susceptibility and instability of the whole nervous system. It is literally like pouring oil on fire.

Perception, reason, judgment and will enable us to philosophize away much suffering, to resign ourselves to the inevitable, to prepare ourselves to meet unavoidable calamities with the least possible wear and tear of the emotions. But the use of narcotic drugs to stupefy our sensibilities derange these mental faculties so that they no longer furnish moral balm. And after the artificial and temporary blunting of feeling and sense comes the dread awakening.

Drug users are usually thin and ill-nourished. Most of them have the uric acid diathesis, or inherit constitutions depraved by ancestral tuberculosis, cancer, alcoholism, epilepsy, migraine, insanity. Their jangling nerves can be hushed by fattening them, but this can not be done until they are weaned from morphine and other narcotics which upset digestion, dry up the secretions, cause constipation and generally disturb nutrition.

The mild bitter principles, cinchona, hydrastis, fluid extract of wild cherry or peach bark, with perhaps a little tincture hyoscyamus at the start, citrate of caffeine and Celerina, are invaluable in the indicated dose and order. Also a suitable preparation of iron and the phosphates. Some combination of these remedies must be used almost continuously and frequently alternated, as they rapidly wear out.

Cold sponge baths followed by gentle oil massage. The most nourishing and appetizing food, served in frequent, small portions. Fruit juices. Plenty of sleep and fresh air, with a little regular exercise of a light and diverting character.

Constipation must be relieved, and all the channels of elimination kept in satisfactory working order. Pilocarpine is a good drug for the purpose, if not too depressing. Dose, one-tenth to one-eighth grain, three times daily

In treating these patients, it should always be borne in mind that they can stand little, and are seldom benefited by heroic measures. It is the persistence, the watchful alertness and quick understanding of the changing conditions in a patient under treatment for drug habit, which accomplish a cure.

After you have built up nutrition by means of tonics, generous diet and good hygiene, you have a physical basis to work on, and may begin to inculcate certain precepts and maxims to strengthen the moral nature. The cultivation of moral attributes is the only safe opiate for daily use.

Above all, warn your patients against using morphia in any future crisis. The appetite once awakened is never killed out. It only sleeps, and may spring up with inappeasable ferocity the moment the bars erected by abstinence are taken down.

Disorders of Assimilation.

Some derangement of assimilation is at the bottom of many so-called diseases.

Healthy life, balanced life, requires the rational, systematic use of every organ in the body. When this is done, assimilation proceeds harmoniously, for waste and repair are twin steps. The activity of the vital organs proceeds to a certain degree independently; others, as brain and muscles, hinge on volition.

As we grow older, there is an excess of mineral matter constantly present in the product of digestion. In those who live normally, using the physical powers regularly, *bone assimilation* will have developed sufficiently to take up this mineral excess and free the blood.

Pick out some healthy man in the prime of life, whose mental and physical powers have been alike cultivated. His bony frame-work has a *heaviness* which distinctly marks his time of life. But there is no sand, or calculi, in his urine, no chalky deposits in his joints. The natural growth and development of the osseous structure, through increased assimilative power, has provided a safe use for the excess of mineral matter. It is taken out of the blood by the normal process of assimilation to feed the bones. And remember, the bones in their secret laboratories manufacture red-blood corpuscles, which carry life-giving oxygen all over the body.

Look next at the so-called uric acid subject. Note what small bones he has and what small, flabby muscles. Both signs of feeble assimilative powers. This disorder of assimilation can not be entirely corrected in one generation, but the condition can be greatly improved by rational cultivation of the physical powers. When you see a case of calculus diathesis, warn your patient of the miserable finish before him if he persists in making his kidneys eliminate substances for which they were never designed. Let him develop and use his muscular leverage to promote the growth and assimilative power of the bony structure. Then he can eat what he pleases, in reason; his blood will be free of unassimilated mineral matter and normally alkaline. The closing years of his life will not be the hideous nightmare which torments so many old men.

Some More Koch.

Prof. Koch shows symptoms of returning sanity. He is a wonderful man. He has just discovered "that quinine is useful in malaria." Some of us knew this before. In fact, the Southern doctor has forgotten more about quinine than Prof. Koch will ever know. But there is hope for him. If he keeps to the study of *materia medica* he may learn a little about elementary therapeutics before a great while.

We should feel like giving him unstinted commendation for his praiseworthy attempt to begin at the beginning and study rational medicine. But it is only too plain that he has not repented the error of his ways. Ephraim is still joined to his idols. The old qualities of medical mysticism are all with him.

He returns from New Guinea with a flourish of trumpets to reveal to us the marvellous intelligence that he can prevent and cure malaria by means of some wonderful remedy of his invention, the chief ingredient of which is *quinine*. We hear the profession laughing all over America.

Well, Koch is more ingenious with his malarial remedy than Behring with his antitoxin. Koch naively admits that quinine is the real therapeutic ingredient, while Behring left us to discover by experience that carbolic acid is the "real thing" in antitoxin.

But Koch's straightforwardness is the "accident" which often accompanies cunning in a mind of native simplicity. He has devised a conjuring, hocus-pocus business to expel malaria parasites kept in stock and inoculated on people by the industrious mosquito.

Prof. Koch, in one of those interviews which he is always having, mildly states that "By the adoption of *his* methods every malarial district may be absolutely purged of the disease." Wonder if he ever read the Adventures of Ignorance, native of country Conceit? How does he keep it up—that appearance of solemn dignity, of punctilious decorum, of ethical narrowness, of deep earnestness, which have imposed upon some? Does he know he is a pedantic prig? Is lack of humor a mental disease? Something like arrested development?

But he can not fool us any more. Tuberculin gave us all we wanted of Koch's discoveries. We know perfectly well that quinine has no equal in the treatment of malaria. He worked us once to our everlasting humiliation, but one lesson is enough.

We do not believe a word of his mosquito theory as to the cause of malaria,

or a means of inoculating it. Mosquitoes are very thick up in Canada and the northwestern States where malaria has never been. Mosquitoes are a product of certain natural conditions favorable to their propagation and life. The co-incidence of malaria proves nothing. The best definition of malaria yet given is bad air. Low, damp atmospheric States, with poor ventilation and open soil, will cause malaria where not a mosquito can be found.

[Written for the MEDICAL BRIEF.]

Food Infection.

BY D. G. LASS, M. D.,
Minden, Iowa.

Nothing startling, new, only want to report a case; mind you, am not endeavoring to teach, only reporting.

Was called last Sunday night to see a family consisting of father, mother, four-year-old boy, two-year girl and maid. Found father, mother, and two-year-old babe vomiting, cramps in stomach and bowels, and involuntary discharges of bowels. Temperature subnormal, cold to the touch, and, in fact, in collapse. Four-year-old and maid well. Mental diagnosis: Poisoning, but what kind?

On questioning maid, learned the three sick ones had partaken for supper of a soup prepared from canned chickens bought at a grocery. Whether said food was infected previous to canning, or whether it became infected afterwards, I am unable to say. The remainder of supper consisted of crackers and tea. Should have liked to have made plate culture but had no time.

Treatment.—My patients needed a diffusible stimulant and an intestinal antiseptic. This being in the country had to do the best my buggy case would permit, hence gave baby five drops spirits aromatic ammonia and ten drops Listerine in two teaspoonfuls of water every one-half hour; to the parents twenty drops spirits aromatic ammonia and forty drops Listerine in water every one-half hour. After second dose vomiting ceased, after third dose diarrhea, and after fourth dose, reaction established and sleeping nicely; next morning up as usual.

Of course, you say, why did you not give a hypodermic injection of morphia at once. Well, I confess, I thought of it, but it did seem to me, that Nature was endeavoring to show me the line of treatment to pursue, *i. e.*, to sustain and disinfect. Why? Listen what Prof. Victor C. Vaughan in American Text-Book of Applied Therapeutics has to say. Article, Food Infection, page 40. "Therefore it seems wise to confine ourselves at present to the term 'food infection.' This is preferred to 'food poisoning,' because, while in some instances the active chemic agent is formed in the food before it is taken, in others it originates from the continued activity of the bacteria after introduction in the body." I had this quotation in mind at the time and it seemed to me it would be unwise to lock up the bacteria in the body by opiates. The result I had justifies me in trying the same line of treatment in any future cases I may have.

[This common-sense, rational treatment of ptomaine poisoning makes us hope the Doctor will report further items from his experience.—ED.]

Local Anesthesia.

Do not unjustly blame the local anesthetic for signs of collapse or fainting when the patient is watching an operation upon himself. It is better to cover the patient's eyes even in trivial procedures, and never to operate upon a standing patient.—*Med. Times.*

Helping Out Salicylate of Soda.

Dr. W. J. Wall, Campton, S. C., reports a case of sub-acute rheumatism in a girl fifteen years of age. She became very much run down, digestion bad, had lost appetite and considerable flesh. Found it necessary to administer salicylate of soda in large doses, and in order not to further interfere with her digestion, and, if possible, to improve it, used Seng as a vehicle for the salicylate. She made a rapid recovery, her appetite improved quickly, and she now weighs one hundred and fifty-four pounds, and is in perfect health.

[Written for the MEDICAL BRIEF.]

Some Diseases of the Sexual Organs and Their Treatment.

BY JOHN S. BECK, M. D.,
Graduate University Pennsylvania, 1868; Member American Medical Association, Member Mississippi Valley Medical Association, Member Ohio State Medical Society, Member Montgomery County Medical Society, Chief of Staff of Deaconess' Hospital, Consulting Physician St. Elizabeth Hospital, President Montgomery County Board of United States Pension Examiners, Etc.
Dayton, Ohio.

In an experience of over thirty years, both in private and hospital practice, I have met with a large number of patients who have been suffering with a variety of sexual disturbances. The symptoms in most of these cases simulated a genito-urinary disease, and, as a rule, were diagnosed and treated as such by the physicians who had been in charge of the cases prior to their coming under my professional care. Some have furnished a history of a specific urethritis, whilst others gave no such history; but inquiry, skillfully directed, uncovered a record of an indulgence in improper methods of intercourse, or of self-abuse. The larger per cent of these patients had been under the professional care of some other physicians, some of whom had been general practitioners, whilst others had been specialists, and some of these genito-urinary specialists. That we should, as physicians, have a thorough knowledge and understanding of the genito-urinary apparatus, and appreciate its importance in the composition of a perfect manhood, goes without saying.

I am inclined to believe that physicians generally—and possibly in this, specialists dare not be excepted—pay entirely too little attention to the care and treatment of the reproductive organs, and in many instances overlook important sexual symptoms and ignore their true diagnostic value. Errors in diagnosis impose wrong treatment and failure to cure or even improve the patient, and in this way the treatment is a detriment to the patient and a discredit to the physician

When we consider that children are taught literally nothing in reference to the sexual organs, their functions, their import in the physical economy, their significance in health and in disease, and that self-preservation largely depends upon the health and vigor of these organs, we can readily understand why our youth have such warped and deformed ideas of the sexual functions and of sexual hygiene. That this defective system of instruction of our youth in matters that have so vital an import in the physical economy seriously affects both patient and physician in after life, I am convinced. Our medical students fare but little better than do our youth generally, in this most essential particular, and the young medical student is allowed to bloom into a full-blown physician without having any comprehensive idea of the sexual functions and of sexual hygiene. Is it, then, any wonder that they so indifferently appreciate the significance of sexual symptoms in disease, and is it at all surprising that they are not able to differentiate sexual from genito-urinary symptoms?

Tact and skill in questioning and in eliciting information is most essential. Innate modesty, and a feeling on the part of the patient to keep inviolable all knowledge of the existence of a disease of a private character, prevents many patients who are victims of this type of disease from familiarizing their physicians with all the facts and symptoms in the case, and it is only by dint of skillful questioning, and by the use of tact, that the apprehensive mind is captured, the confidence of the patient secured, and this store-house of pent-up knowledge thrown open to the inquiring eyes of the skillful physician.

It is too often the case that when consulted by a patient for relief from some disease or disturbance of the genito-urinary organs, the physician is disposed to treat the matter lightly, is content with a very imperfect examination, jumps at a conclusion, and prescribes in a haphazard way, following "the lines of a trodden path." Thorough examination, both verbal and physical, does not only lead to a more thorough and satisfactory understanding of the case, but, in addition, secures the confidence of the patient.

Specialists, along all lines, are many times too special, and they are unable to see anything beyond the field of their particular specialty. Genito-urinary specialists furnish no exception to this statement. I do not wish to be understood as opposing specialists, for, on the contrary, I think that they are sometimes useful, especially when under the care and direction of a general practitioner. Probably seventy-five per cent of the victims of disorders of the reproductive organs either drift, or are driven, by inattention or mal-attention, on the part of their physician, into the hands of quacks, who blister and bleed them in more ways than one. Courteous attention to the patient's statement, careful examination, both verbal and physical, secures the confidence of the sufferer and convinces him that he has an interested friend. Much harm is often done to the sexual organs by an improper treatment of an acute specific urethritis, and the sexual organs are often seriously injured by improper methods of intercourse, or self-abuse, causing symptoms simulating a genito-urinary trouble, but which is in reality a functional disturbance of the sexual apparatus.

The history of these cases is much after the following: Patient is more or less nervous, apprehensive, and wears a worried expression. He is not disposed to be very communicative, but some such history as the following is elicited by questioning: Had an acute gonorrhea some six or eight months ago, was treated by injections as well as by internal medication, or by urethral irrigation—the Janet method. The discharge had gradually diminished and finally ceased. His physician had pronounced him cured, and discharged him from further treatment. After the expiration of a few weeks, the discharge returned, without any appreciable cause, and with it, a dull, heavy pain in the lower abdomen anteriorly, and a frequent desire to micturate. The patient then sought a second physician, and this physician pronounced it a case of cystitis, and treats it accordingly, with diuretics, benzoic acid, and the balsams, and washes the bladder. He improves some, but perfect relief is not given, and, growing dissatisfied, he seeks a third physician, only to get another imperfect examination and a hasty diagnosis, with but slight, or, perchance, no improvement from the treatment; and so he "rings the changes" from one to another, buffeted "from pillar to post," and still complains of the dull pain in lower pelvis, frequent desire to urinate, pain in perineum, near rectum, when sitting, and an annoying rectal pruritis. He has an occasional feeble, imperfect erection, wanting in vigor and short of life. Physical examination reveals tenderness over prostatic region, with thickening of the seminal vesicles, and these bound down by perivesicular tissue. Some cases give a history of nocturnal emissions. Here is a disturbance in the functions of the sexual organs. This may be dependent upon a gonorrheal or a non-gonorrheal origin. We must bear in mind that there may be a disease of the urethra or of other neighboring organs at the same time, and if such be found true, these conditions must receive treatment also. There may be a chronic, deep-seated urethritis, or an inflammation of the ejaculatory ducts.

By a careful urinary analysis, microscopic as well as clinical, and by urethral exploration and careful rectal examination, we will be enabled to make a differential diagnosis, and to treat the cause and not the effects of the trouble. I have treated these cases with buchu, uva ursi, pareira brava, benzoic acid, the balsams, phosphorus and strychnia, singly and combined, with, however, but a mere modicum of success.

Having had some experience in the use of Sanmetto in the treatment of genito-urinary disorders generally, and having had very satisfactory results in almost all the conditions for which I had selected it, I was induced to try it in the treatment of these cases, and my experience has been most gratifying. I have always used it in conjunction with other remedies—rest, leeches to the perineum, followed by hot fomentations, mild laxatives—epsom salts preferable—to prevent constipation of the bowels. When a disturbed rectum requires it, an enema is given. This is indicated to the extent of flushing at times to prevent

rectal distention and undue pressure on the inflamed parts. Medicinally, I combine strychnia, sulphate or cod-liver oil in almost every case. Sanmetto possesses true tonic properties, and when used for a proper period of time, in combination with a general tonic, it is almost a specific in these cases.

[Written for the MEDICAL BRIEF.]

Nettle Rash—Epilepsy—Night Sweats.

BY W. R. MINNIECE, M. D.,
Wiggins, Miss.

I herewith contribute my mite to medical literature, if you think it worth putting on record.

I frequently see inquiries as to remedies for nettle rash. Dr. J. C. Nott, deceased, of Mobile, recommended seidlitz powders in full or broken doses for it. It is a pleasant recipe and worth a trial.

For epilepsy, Dr. F. A. Ross, during lifetime Professor of Materia Medica and Therapeutics in the Mobile Medical College, recommended acetate of lead. For adults two-grain doses three times a day for three months, with a small dose of epsom salts every morning. He reported the permanent cure of eight cases by this treatment.

I have treated one man who would fall in the road any time, anywhere, successfully. He was about thirty years old. I also treated successfully a boy eight years old, who would have fits every day, and has never had one since treatment five years ago.

Now, I give you my treatment for night sweats: For adults, tincture nux vomica, ten drops in wineglassful of water three times. A never-failing prescription, so far, in my hands.

Positive Results.

Dr. C. W. Spangler, Peterstown, W. Va., says: I have often prescribed Seng, and have never given it in a single instance but what I have had decided benefits from its use. I shall continue to use it, and always carry it and Cactina Pillets in my case.

[Written for the MEDICAL BRIEF.]

Arkansas Moonshine.

BY A. WILLARD TARR, M. D.,
Lynn, Ark.

The Doctor had lain down to rest
The rain was gently falling;
The time was about eleven ten,
Without some one was calling:
Hello! Oh, Doc! hello again!
Oh, Doc, wake up, Mary Ann's in pain,
And won't you go on double quick,
For Mary Ann is very sick.
The Doctor arose about half awake
And for the stable made a break,
And saddled up his noble horse
And told Jim Bob to take a course.
Jim Bob struck out as Jim Bob can,
For he was a newly married man;
The Doctor followed close behind
And thoughts like these were in his mind—
Why some folks would borrow
And never pay back,
Some people when sick
Would send for a quack,
Some folks were honest
And others would steal,
And few for a doctor
Compassion would feel.
The Doctor rode on and for thoughts didn't lack
When all of a sudden they came to a shack
In the edge of a clearing, about six miles from home,
When from the interior they heard a low groan,
Jim Bob said, that's her, she's dying, I believe;
Oh, Doctor, do something, her misery relieve.
They entered the shanty, Jim Bob struck a light,
And there in a corner behold what a sight!
As peaceful they lay cuddled up in the straw,
A hound and six pups was all that they saw.
Jim said to the Doctor, I believe she is done,
And when they are weaned I'll present you with one.
Mary Ann's a good hunter, my wife's name is Liz,
And won't she be glad when she hears about this;
She's down at her dad's—Glen Elder 's his name,
A little old farmer, decidedly lame
In his head, I suppose, but I think him knowing;
Say Doctor, don't hurry, your surely not going—
But the Doctor had gone.

During Gestation.

Dr. Pascal H. Owen, Montgomery, Ala., says: I prescribe Aletris Cordial with the most satisfactory results, and regard it the best uterine tonic I have ever met with in a professional experience of over twenty-five years. In cases of threatened miscarriage it acts like a charm. Would recommend its continuous administration during the period of gestation in all cases when there is any indication of miscarriage.

Inquiry Department.

Pulmonary Neurosis.

QUESTION:—Would be pleased to have your judgment in my own case.

Two years ago I ran a race with a boy, with the result of an aggravated shortness of breath on least exertion. Over a year ago caught a hard cold which settled on my lungs; had night sweats, fever, and a terrible cough during the night. This condition and symptoms continued for ten months. When spring opened got stronger and cough abated. In May took grip, which put me to bed with all symptoms returning, with additional pains in lungs and over my body, with weakness. Under doctor's care began to improve, he prescribing nitro-muriatic acid in small doses. He examined me thoroughly, finding no cavities or solid parts in lungs, but said my lung on left side was generally affected and was in the first stage of tuberculosis. After a week or so I was able to walk out. I went North to see what change of climate would do for me. For six weeks I felt worse, all but my breathing, which was easier. My respiration reaches forty at times when I exercise to fatigue, but at rest is thirty-four. Night sweats since I returned from North are at longer intervals, and I am stronger. Have fever only when I take a chill or catch more cold.

I chill very easily. Taking off my collar gives me a chill and more cold.

Three physicians have pronounced my case tuberculosis and advised me to go South for the winter. Would be pleased to have your suggestions as to what I had better take and do.

Have taken cod-liver oil, white pinus compound tar, balsams, etc., but with no good effect. My digestion is fair. Eat well, but lose one out of three meals, for I take spasm of coughing after meals.

No microscopic examination of sputum has yet been made. Sputum is thick and heavy. Have had several hemorrhages of mixed dark and light blood with muco-purulent sputa. I do not believe I have tuberculosis nor emphysema, but think I have an extended bronchorrhea. What do you think? Am more anxious about the shortness of breath than any symptom I have. My heart is not affected.

Fairmount, Ind. W. H. TRASTER, M. D.

ANSWER:—Our idea is that trouble began with the shock to pneumogastric nerve caused by racing. But a neurosis may lead to organic changes, and, no doubt, you have a diffused pulmonary congestion, if nothing more.

We recommend that you take one-sixtieth grain arsenic iodide three times daily. Also ten grains ammonium carbonate in a drachm of Sanmetto morning and night. Alternate this last prescription with thirty to sixty-drop doses of Fellows' Syr. Hypophos. Co.

Apply cantharidal collodion over course of pneumogastric in the neck. Also adopt practice of spraying neck with cold water, then rubbing it vigorously until glowing warm.

Mix Listerine, chloroform and oil of camphor in equal proportions, procure a hard rubber inhaler open at both ends, fill with antiseptic gauze. Pour thirty to sixty drops of the medicament on the gauze. Use inhaler three times daily, taking long breaths through it for five or ten minutes. At first, especially if you use it too long, it may make you cough and strangle, but persevere and all these unpleasant effects will pass away. You will experience a sense of relief and comfort from its use.

Rub the skin briskly every morning before dressing with flesh brush or coarse towel. This must be done in a warm room.—ED.

Brain Exhaustion.

QUESTION:—Patient is a married woman, five feet two inches, and normally weighs one hundred and twenty-five pounds, but now about one hundred and eighteen or one hundred and twenty perhaps; age, fifty-three last March. Comes from a family of sturdy, strongly constituted people, without any family taint of any kind. Worked very hard in former years and drank enormous quantities of tea. Was apparently well until five months ago when suddenly, all in a day, she became all puffed up and extremely weak. Was put to bed and given only milk and lime water. Liver enlarged and abdomen greatly distended. Belched wind constantly. (Has always done so after eating for several years back). Gave hot water enemas per rectum, which produced great relief, and the following:

℞ Quin. Bisulph	½	drachm.
Ferri Redact	1	drachm.
Ext. Nuc. Vom	5	grains.
Ext. Taraxacum	10	grains.
Aloin	1	grain.

M. et ft. cap. No. 20. Sig.: One capsule three times daily.

After a time abdomen went down, liver decreased in size somewhat, and patient being stronger, got up. Ate only one meal a day—dinner, at twelve M.—with plenty of fruit for other meals. Changed the above to one-fourth grain podophyllum in pill, three times daily.

Then discovered a tri-cuspid insufficiency, with marked regurgitation. Dr. J., who was called in, gave her codeine in substantially the same as above formula for cough. Grew rapidly worse and we promptly stopped it. Patient was now very hysterical. There is still some enlargement of liver, with those belchings from stomach. Kidney works only under infusion buchu. Heart action stronger, but, of course,

very irregular still, though, I believe, slightly improved.

Patient complains of pain in pit of stomach, which is aggravated on moving around as in walking, even on crossing the room. This is relieved by spirits aromatic ammonia in fluid extract cardamom compound in little hot water, but returns again later on. Eats still only one meal a day, with plenty of fruit, pears, grapes, etc. Bowels move without medicine; feces normal in color and consistence. Can not eat toast or bread and belches after eating or drinking anything. Sleep more or less disturbed.

Present diet consists of milk, plain and malted; eggs, cream of wheat, graham wafers, and postum. H. W. ALLEN, M. D.

Newark, N. J.

ANSWER:—There is a failure of vitality. Patient is not sufficiently nourished. Needs to husband her resources until she is able to feed well. Let her lie down most of the time. In the daytime on a couch by an open window, well muffled up, breathing slowly and deeply, otherwise at perfect rest.

Nourish the nervous system until she begins to eat and digest better, with a solution of the acid phosphates in phosphoric acid. With this preparation give also one Pil. Quin. Dad and two Cactina Pillets three times daily. No other medicine.

At bedtime give gentle massage with olive oil. Every other morning a sponge bath with hot castile soapsuds, and rub down with alcohol.

Feed her six times daily, but give very little at the time. If she has any particular cravings, satisfy them unless she proves unable to digest such food.

The rest, fresh air, artificial nourishment for nervous system, the coaxing of digestive activity and massage to aid assimilation are all *essential*. With these, time and perseverance, you should get a cure.—ED.

Morphine Habit.

QUESTION:—I wish you to outline me a treatment for the morphine habit. For ten months I have been a slave to the hypodermic. I have always been a sufferer from terrible headaches, and after using all the various headache remedies for years, they finally failed to relieve me, and I had to resort to the hypodermic. This, of course, gave me great relief.

At that time I was in great trouble, owing to financial matters, and my headaches being more frequent than usual, I resorted rather often to this terrible instrument of destruction. I did not fear at the time but that I could stop it at will. But time slid along so quickly, and I one day came to realize that it had me bound hand and foot. And now I am a wreck mentally and physically if I go two or three hours over my time. My pupils dilate, my hands and limbs tremble, my brain feels dead, and as I often call it (to myself), a frozen brain. I feel as if it were frozen solid. My hands and face are swollen when I get up in the morning, and all the symptoms above rush upon me rapidly and get worse and worse, until I finally can stand it no longer for fear I would lose my mind if I refrained too long. I take a dose, and soon my blood warms the brain, my pupils regain their normal size, and my body commences to warm up, and after a second dose in about an hour I commence to feel myself again.

I take one-grain doses at a time, and take seven to eight grains a day.

My health is good, considering. I was troubled, at first, with vomiting, but have been better for several months. My appetite is fair, bowels are little constipated now, but have been regular most of the time.

Now, Doctor, for heaven's sake outline me a treatment for this terrible disease. I can not go to a hospital. First, I can not afford it now, for many reasons, and, too, I do not wish to let any one know it. I am ashamed of it, and, too, it would ruin my business. I will carry out any line of treatment, but I can not stop it short for I know I would lose my mind if I did. The sensations are something terrible.

Ill. R. E. H., M. D.

ANSWER:—We suggest one Pil. Quin. Dad and one one-hundredth grain strychnia sulphate, with a teaspoonful of Horsford's acid phosphate in half a glass of water, each three hours, to brace the nervous system.

Also:

℞ Tinct. Avena Sativa ..... 2 ounces,
Tinct. Capsici ..... 2 ounces.
Celerina ..... 1 ounces.

M. Sig.: Teaspoonful pro re nata.

Keep the bowels moving daily with suitable doses fluid extract cascara sagrada. Every morning a cold douche to back of neck and down spine, followed by general brisk friction with coarse towel until warm and glowing.

Cut down the dose of morphia in both frequency and amount as fast as possible. On waking, a cup of strong black coffee before rising. Get as much sleep as possible. Do not overtax the nervous system.

Perhaps permanganate of potash might help you. Salt is also a good antidote for morphia. But courage, determination and endurance will be needed whatever you take.—ED.

Disordered Assimilation.

QUESTION:—I come to you again for help in my own personal sickness, as I have great faith in your ability as a medical man. Your prescription worked well in my case, I seemed to improve for awhile, then without any apparent cause got worse. I feel persuaded that the main seat of my trouble lies in my stomach and liver. Present condition is as follows: Dull pain under right shoulder, which frequently extends to stomach and bowels. Weight and fullness in stomach and bowels nearly all the time, worse after meals. Tenderness upon pressure over region of stomach. Liver sore and inactive, and somewhat enlarged. Heavy, dead feeling in region of umbilicus, as if I were carrying a rock in my abdomen. Gnawing sensation at times, with gurgling and purring in pit of stomach. Gaseous distension of stomach and bowels. Drowsy and sleepy feeling nearly all the time, worse after meals. Certain amount of mucus passed when taking purgative medicine. Appetite usually very good. Digestion bad. Can eat scarcely anything that seems to agree with me. Can not eat meat, sweets or any starchy food. Tongue coated yellowish brown. Bowels constipated in the extreme. Urine scanty and high colored. No sugar or albumen. Heavy phosphatic deposits form when urine stands awhile. Have a slight nasal catarrh. Also have acne, pimples on face and neck. Frontal headache. Sometimes weight and fullness in back of head. Poor circulation. Hands and feet cold. Pulse about seventy-two, except early in the morning, or upon exercise, when it rises to a hundred, more or less. Do not rest or sleep well at night. Feel tired and jaded in the morning. Am very irritable and extremely nervous, get very dizzy at times. Am very thin, and am losing in weight. Have always had good normal habits. I do not drink whisky, smoke, or take opiates in any form. Am a moderate chewer of tobacco.

Ga. R. A. J., M. D.

ANSWER:—This case is a type of thousands of devitalized subjects, suffering from chronic catarrh of the whole mucous tract, with irritation at base of brain:

℞ Acid. Hydrochlor. Dil	1	ounce.
Tinct. Pulsatilla	40	drops.
Ext. Hydras. Can fl	2	ounces.
Tinct. Podophylli	½	ounce.
Chionia q. s. ad	8	ounces.

M. Sig.: Teaspoonful three times daily.

Also two grains phosphate of potash morning and evening. Twice a week a purgative dose of fluid extract cascara sagrada until first prescription has time to regulate bowels. Get some big, hearty, good-natured man to rub you down well every night at bedtime.

Counter-irritation from base of brain all the way down spine. When you get a little strength, take up some system of gymnastics. You need physical development to keep assimilation normal.—ED.

Uterine Debility and Leucorrhea.

QUESTION:—Widow, thirty-six years of age, had one child fourteen years ago, and after the baby was born got up weak and nervous. Had piles for twelve years, but is mostly over that trouble, but for fifteen years has had constant leucorrhea. Now so bad that discharge is very thick, bad odor; very weak back and torpid liver. Liable to frequent constipation and an attack of piles when the menses appear. What would you recommend for the leucorrhea to stop that? B. L., M. D.

Boston, Mass.

ANSWER:—

℞ Tinct. Collinsonia Can	1 ounce.
Vini Ferri Amari	2 ounces.
Aletris Cordial	2 ounces.
Chionia	8 ounces.

M. Sig.: Teaspoonful four times daily.

For the leucorrhea, use tampons saturated in Kennedy's Dark Pinus Canadensis, full strength, applied to os.

Apply a capscine plaster to small of back.

Brief cold sitz baths will be of use, or better, a hot sitz bath followed by cold douche to lower spine.—ED.

A Neurosis, or What?

QUESTION:—Case, female, aged sixty-five, weight one hundred and sixty-five to one hundred and seventy-three pounds. General good health. Eleven years ago had severe headaches and sciatic pains in left hip and down thigh. Pains come on after sound sleep, sometimes lasting through next day. Patient would seem quite well until next headache. Voided large quantities pale urine after attack.

Patient much worse last winter. Called counsel. Received no benefit. Urine copious and colorless, deficient in solid excreta. Treatment has comprised a great variety of sedatives, tonics, alteratives, including a course of treatment in BRIEF by a Texas physician for nondescript cases, as uremia, neurasthenia, etc., misnamed malaria, *i. e.*, saline purge in morning, and followed by citrate lithia and potash every four hours, and alternated with sulphocarbolate sodium. After three days no good results. Patient discouraged, and so tried an osteopath. You know their methods and claims. Osteopath relieved patient first day. Had no more headaches, and few other pains for five or six months. Urine in twenty-four hours normal. Treatment continued six weeks.

Last two months troubles returned minus headaches. Pains start in lower part occiput, runs all the way down spine to foot, affecting left arm, side and stomach. Pains smarting, tingling, burning. Nails feel as though slivers were thrust under them. During these spells fecal dejections thin, lumpy and foul, for which I gave saline purges and antiseptics, Listerine, salol, etc. No unconsciousness. Last few spells lips retracted and slight opisthotonos.

I am a physician of seventy, and not in active practice since 1872. This case puzzles me. I find massage and friction quite serviceable.

Now, if not asking too much, I shall feel grateful if you can and will give diagnosis and treatment of the case. Have taken MEDICAL BRIEF a number of years, and find it very practical and useful. Patient seems entirely well after spells are relieved. Please let me hear from you through BRIEF. R. L. HALE, M. D.

Sedalia, Mo.

ANSWER:—Pains may result from simple spinal hyperemia of gouty origin. Or they may be the crises of beginning tabes. Try pilocarpine hydrochlorate, one-twelfth to one-eighth grain, three times daily, in alternation with ten-drop doses of Ergotole. Let us hear from others regarding this interesting case. —ED.

Profuse Menstruation.

QUESTION:—I have a lady patient who, when she menstruates for two weeks or longer, flows until she can hardly walk, she gets so weak, and as pale as death. Sometimes she will flow blood just like you had stuck a hog. The blood will be red, nothing else. She is a young lady of twenty summers, single. Nothing seems to check the flow, which continues until she has no blood, and then stops. She has no pain.

I saw her one day when she had to change her clothes from the skin out, or all of them, four times in one day. She, and I, too, thought she would flow to death. She is all right every other way. She dances, and skates when there is ice. I did not think she ought to do either, but she will. She was in the office just a moment ago, and went to a dance. I tried to persuade her not to, but a wilful woman will have her way. Tell me what you think of the case through your valuable journal.

ALBERT CUTRIGHT, M. D.

Louisville, Kan.

ANSWER:—The uterus is weak and blood too thin. She should certainly be restrained from dancing, skating, or over-exertion of any kind, until this trouble is under control. We would give her the phosphates of iron and lime, with the following:

℞ Ergotole.....1 ounce.
Ext. Hydrastis Can. fl.....2 ounces.
Aletris Cordial.....q. s. ad.....8 ounces.

M. Sig.: Teaspoonful every four hours, and when periods are on every two hours, if indicated.

Generous feeding and early bedtime. Very little excitement. Cold douche to lower spine.—ED.

Dysentery.

QUESTION:—I have been several times stumped in the handling of dysentery this fall. If any of the readers of the good old BRIEF have a sure cure, let them trot it out?

Tenn. J. MCD., M. D.

Fecal Anemia.

QUESTION:—I have a patient that has been sick for six months or longer, a lady, sixty-eight years old. Has had two other physicians attend her. She has jaundice. Know nothing of previous treatment. I put her on a teaspoonful of Chionia every four hours, in water, and also a teaspoonful of Lithiated Hydrangea. She has been on this treatment since September 1st. Her bowels are very constipated. She is weak and has no appetite. Give treatment through MEDICAL BRIEF.

Scranton, S. C. S. D. M. BYRD, M. D.

ANSWER:—First empty this woman's colon with copious enemas of hot soapsuds and abdominal massage, paying especial attention to the transverse colon, hepatic and splenic flexures in your manipulations. Do not give up if you get nothing but clear water at first. This often means that the feces are so dry and hard considerable labor is needed to loosen up and dislodge them. Keep on until you get liquid or soft light-colored stools.

Then begin and give one-half grain podophyllin in alternation with one one-hundred-and-fiftieth grain strychnine every three hours, for several days.

Then, and not before, you will be ready for mild tonic treatment.

℞ Tinct. Ferri Muriatis .....1 ounce.
Ext. Cascara Sagrada fl.....2 ounces.
Chionia .....5 ounces.

M. Sig.: One to two teaspoonfuls three times daily.

Her skin must be kept clean and she should have general massage every night to keep up capillary circulation and tone nerve centers.

We want to say here that fecal anemia is often mistaken for jaundice.—ED.

Superfluous Hair.

QUESTION:—Would you kindly let me know if there is any other means or methods besides electrolysis to surely remove superfluous hair. The case is this: A young lady, with a slight abrasion of sides of face from rubbing of collar in cold weather. Applied vaseline on retiring, and so in a short time a regular hirsute appeared. Perfectly healthy in every way.

Fort Branch, Ind. J. W. RUNCIE, M. D.

ANSWER:—We do not know of any radical and permanent cure other than electrolysis, but recommend applications of Hydrozone to mitigate the annoyance. Perhaps some of the BRIEF brethren can come to the Doctor's aid. —ED.

Sexual Exhaustion.

QUESTION:—A young man, aged twenty-two years, height five feet nine inches, weight about one hundred and sixty-five pounds. He has a varicocele in the left scrotum, hangs an inch lower than the normal right side. He has practiced masturbation all his life, as far back as he can remember, until the present time. He is always constipated, poor memory, very nervous, gloomy, despondent and irritable. Tires very easily. Never had any sexual intercourse. Kindly give your advice as to the best treatment of this case, and greatly oblige

P. F. C., M. D.

ANSWER:—

℞ Tinct. Collinsonia Can ..... 1 ounce.
Tinct. Pulsatilla..... 40 drops.
Sanmetto.....q. s. ad. ..... 8 ounces.
M. Sig.: Teaspoonful four times daily.

Also:

℞ Vini Ferri Amari.....2 ounces.
Tinct. Cinchonæ Co .....3 ounces.
Celerina.....3 ounces.
M. Sig.: Teaspoonful three times daily.

Use fluid extract cascara sagrada in dose sufficient to regulate bowels.

Put on a well-fitting suspensory.

Then quit thinking about the trouble at all and start out to develop mind and body. Walking, skating, dancing, cycling, etc., will rejuvenate the lower spinal cord and fill it with power. Thinking, reading and reflecting will elevate the tastes.

Take the medicine to relieve pathological conditions and live on a higher plane for awhile. Rest and Nature will complete a cure.—ED.

Catarrh of the Stomach.

QUESTION:—A young man, occupation farming. Has been bothered ever since last April. He seems to improve for a time, but is soon as bad as ever. His eyes and general system are becoming affected. What would be the best treatment for such a case?

Hurrah for the grand old BRIEF.

Ark. A SUBSCRIBER.

ANSWER:—

℞ Ext. Hydras. Can., fl.....2 ounces.
Vini Ferri Amari.....2 ounces.
Seng.....4 ounces.
M. Sig.: Teaspoonful three times daily after meals.

Give one-twentieth grain podophyllin morning and night.

Pustulate over pneumogastric in neck and along dorsal vertebræ.

Regulate diet and manner of life. Food should always be eaten hot, and roasted or broiled by preference. Use well done corn bread or toast, rice cooked soft, well-baked apples with fresh cream, meat stewed to a glutinous jelly, etc. A bath every other night followed by gentle rubbing and fresh clothing. Sleep in ventilated room, out of the reach of draughts. There must be no demands on vital energy from bad practices. Get the young man's confidence, Doctor. Trace up these relapses.

One Pil. Quin. Dad three times daily will help your treatment. May be a malarial agency at work, and it is a fine tonic, anyway.—ED.

Deaf Mute—Stitching Pains.

QUESTION: I have a child which is deaf and can not speak. Lost both senses through sickness, which was scarlet fever. What can I do to benefit the condition, or what would you recommend? Also, I have a lady patient who had an operation performed on the ovary, I have had her in my care for a year, and was giving her Sanmetto. She is getting along all right, but complains of very sharp stitches on the right side. What would you recommend?

Pittsburg, Pa. OSCAR J. K. PRINZLER, M. D.

ANSWER:—*Case 1.*—Would give ten drops tincture jaborandi three times daily, with small doses of the brown iodide of lime. Also recommend gentle massage of the scalp, face and neck nightly. Progress, if any, will be very slow, and treatment must be kept up indefinitely. Alternate occasionally with a bitter tonic and iron.

Case 2.—The stitching pains are probably due to adhesions or lingering congestion. Put her on equal parts of Sanmetto and Aletris Cordial, adding ten minims of a good tincture rhus toxicodendron to eight-ounce bottle. Dose, teaspoonful of the mixture three times daily. Put a small teaspoonful of sulphate magnesia in half glass of water, and take each morning before breakfast.—ED.

Whooping Cough.

QUESTION: Please give treatment for whooping cough and oblige R. E. D., M. D.

N. C.

ANSWER:—Give ten drops tincture jaborandi three times daily with one-five-hundredth grain atropine sulphate in alternation, to a child of seven.

Mix Listerine, chloroform and oil of camphor in equal proportions, pour a small quantity on gauze and use in inhaler several times daily. Keep bowels regular.—ED.

Rheumatism?

QUESTION:—I have a friend who has been for several years addicted to the morphine habit. He has been cured, however, and has not used any for a year or more. But since quitting the drug he has been a great sufferer from rheumatism. Will you be so kind as to give directions for the cure of this trouble? Should he use a blood purifier? And what blood medicine is the best in his case? Is any other treatment necessary?

In answering these questions, and giving full directions for treatment you will greatly oblige

"AN OLD SUBSCRIBER."

ANSWER:—In genuine rheumatism the following is very good:

℞ Iodia.....8 ounces.
Lithiated Hydrangea.....5 ounces.
M. Sig.: Teaspoonful three times daily.

Use also the hot pack or Betz Hot Air Apparatus to produce mild sweating and follow with oil massage.

But if the apparent rheumatism is really an affection of the nerves and centers as a result of the shock and weakening caused by opium, something to sustain the nervous system will give better results.

℞ Tinct. Nuc. Vom.....1 drachm.
Vini Ferri Amari.....1 ounce.
Tinct. Cinchonæ Co.....3 ounces.
Celerina.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful four times daily.

Also with the oil massage, good feeding, regular bowels, plenty of sleep and fresh air.—ED.

Dysmenorrhea.

QUESTION:—Would like information concerning Aletris Cordial in a case of dysmenorrhea in a young unmarried lady.

History: Got wet at age of sixteen, during her sickness. Had some trouble at that time, and has had painful menstruation ever since. Is now twenty-two years old. She is not confined to bed, but is quite sick. Pains in back and down thigh. Two months ago, got her feet wet, and had quite a severe ovaritis, complicated with local peritonitis, which lasted nearly three weeks. Menstruation has been more painful since that time. Is in good health otherwise. Bowels regular. Stomach gives no trouble. FRANK DEASON, M. D.

De Soto, Ill.

ANSWER:—We do believe that Aletris Cordial, given regularly and persistently, will cure dysmenorrhea. It is a superb uterine tonic, regulates pelvic circulation and improves general nutrition.

You can give it alone or in combination with Hayden's Viburnum Compound, fluid extract hydrastis canadensis, tincture cimicifuga, tincture jaborandi, etc., according to indications.

The dose of Aletris Cordial is a teaspoonful three times daily.

In cases where the blood is thick and lymphatic circulation inactive, Aletris Cordial combines beautifully with Iodia—equal parts.—ED.

Sexual Weakness.

QUESTION:—Mr. W., aged twenty-eight, white, single, is a sufferer from "lost manhood." Semen passes at all times, but mostly with urine. The testicles are very small. General health good. Bowel perfectly regular, appetite good. Is a day laborer, working on farm mostly, but is now engineer at a gin. Passes average quantity of urine, and has no pain except after taking a heavy lift, after which his back is a little weak. He has good flesh, and is the picture of good health. Sleeps all night without waking. Has had this trouble about two years. Can not accomplish the act of sexual intercourse at all, because of feeble erections. Has a very slight scrotal varicocele.

Please consider this case and tell me what to do for him, and how long it will take to give relief. M. L. JACKSON, M. D.

Spicewood, Texas.

ANSWER:—

℞ Tinct. Cantharides.....1 drachm.
Tinct. Nuc. Vom.....½ ounce.
Ext. Hydras. Can., fl. .....1 ounce.
Sanmetto.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful four times daily.

Alternate this prescription with some preparation of phosphorous.

Apply a capscine plaster to small of back and avoid "heavy lifts" while under treatment. Diet should be generous, and of a stimulating character—meats, condiments, relishes. Should avoid fatigue as much as possible.—ED.

Information Wanted.

QUESTION:—In July number of the BRIEF you answered a question on sexual weakness. Your method of treatment was ten grains of benzoate of ammonium to each drachm of Sanmetto, teaspoonful four times daily, and urinate in a vessel of warm water. What I wish to know, is, what virtue has the warm water.

Would be glad to hear from the readers of the BRIEF as to other methods of treating sexual weakness. A. R. HUGHES, M. D.

Weston, Ky.

ANSWER:—Urinating into a vessel of warm water allows of a better emptying of the bladder where there is stricture or weakness of muscles concerned in act of micturition.—ED.

Chronic Eczema.

QUESTION:—Male, aged twenty-five, five feet ten inches tall, weighs one hundred and seventy pounds been married four years, no children.

He has a disease like unto a ringworm. It is almost all over him, and especially around and in his crotch. The eruption itches severely. It is worse in hot weather. He scratches it, makes it raw, and then it hurts terribly.

He has no sexual power, but this disease did not cause the sexual weakness. I think a remedy used internally would be more beneficial than one used externally, because it is in his blood. What can be done for him?

Trenton, Fla. E. F. C., M. D.

ANSWER:—Chronic eczema is no joke. Give him:

℞ Arsenic Iodidi .....1 grain.
Res. Podophyllin .....2 grains.
Aloin .....6 grains.
Pulv. Hydrastis .....2 drachms.
M. ft. caps. No. 60. Sig.: One after each meal.

Midway between meals and at bedtime a teaspoonful of Ecthol.

Rub up some sulphur with fresh lard and every other night grease the entire diseased surface. In the morning a warm bath. Continue for six nights, then intermit for a week and repeat. It is nasty, but nine times out of ten succeeds.—ED.

Pharyngitis Sicca.

QUESTION:—I have a case of obstinate atrophic pharyngitis in a woman fifty-five years old, three months' standing. Has tried two other physicians. Been in my hands now three weeks and no better. What shall I do for her? She is a painter. Does a great deal of sketching. Complains of great irritation and dryness. Can hardly talk at times. Otherwise she seems well. Stomach bothers her some at times. Drinks a great deal of coffee, and very nervous at times. The parts look glassy. Give me good treatment. E. S. DONALDSON, M. D.

Almoral, Iowa.

ANSWER:—Give twenty drops of a reliable tincture collinsonia canadensis, with eight drops dilute phosphoric acid, three times daily.

Alternate with one-twentieth to one-twelfth grain pilocarpine hydrochlorate three times daily. Let her chew a few grains of flaxseed from time to time. Better stop the coffee.—ED.

Morphinism.

QUESTION:—Will some of the BRIEF readers give us their experience with the home treatment of morphine habitues?

Md. PRACTITIONER.

Stone in Bladder.

QUESTION:—Enclosed, in separate wrapper, please find stone from bladder of patient with following history. Please give treatment for same and oblige.

Wm. K., aged seventy-three, underwent lithotomy operation in August, 1898, since which time stones, as per sample, have been continually passing; sometimes every day, sometimes two weeks between times. Urine always contains sand and is readily decomposed. Is at present acid and has been the short time he has been under my care. A large stone was removed at time of operation.

Mayville, Ore. D. R. CORYELL, M. D.

ANSWER:—Would give him ten grains citrate of potash, one grain citrate of caffeine, one drop wine of ipecac, with a drachm of Sanmetto, three times daily. Alternate with teaspoonful doses Lithiated Hydrangea three times daily.

Put him on liquid diet. Recommend hot sitz baths and oil massage. Let him sit down in hot water to empty bladder and take plenty of time about it.—ED.

Venereal Warts.

QUESTION:—Kindly let me know through the MEDICAL BRIEF what can be recommended to cure warts caused by a patient having gonorrhea. The patient is a female, and the skin on the outside seems to be more or less inflamed most of the time. The discharge does not seem to be so frequent, but there is a burning sensation oftentimes evident. Am particularly anxious to prescribe something that will do away with the warts which have been left after the gonorrhea. OLD SUBSCRIBER.

Boston, Mass.

ANSWER:—Keep the inflamed surface constantly wet in Ecthol. Internally, give:

℞ Tinct. Rhus Tox ..... ½ drachm.
Ecthol .....8 ounces.
M. Sig.: Teaspoonful four times daily.

Every other morning a purge of epsom salts.—ED.

Percentage Solution.

QUESTION:—Will you please explain, in the next BRIEF, what advantage there is in prescribing a percentage solution over the old way of saying how much medicine should be put to the ounce or pint of water? It seems to me the latter way is decidedly preferable.

Bristersburg, Va. HORACE SMOOT, M. D.

ANSWER:—Its easier. Throws the job of calculation on the druggist. Some doctors can not remember the number of grains to ounce to make solution of desired strength.—ED.

Dysentery.

QUESTION:—Kindly give me your best and latest treatment for dysentery.

Ala. M. W. D., M. D.

ANSWER:—Try one-tenth grain calomel with ten grains bismuth subnitrate every two hours for three doses, then every three, four and six hours. Hot bottles to feet and large mustard and linseed poultices over abdomen. Also one drop tincture nux vomica every hour until five doses are taken, then less often, as indicated.

This treatment is not new, but it is excellent, and meets the conditions in most cases.

Where fever runs very high, the cool pack, drenching with epsom salts and the internal use of carbolic acid may be needed.

The calomel and bismuth mixture has the advantage of staying down on a heaving stomach and tranquilizing things as it moves on. It also brings out bile, which is a fine natural antiseptic, slaking a fever of irritation in short order.—ED.

Conjunctivitis.

QUESTION:—Want treatment for a case of subacute conjunctivitis in a girl of seventeen.

N. Y. S. R., M. D.

ANSWER:—

℞ Tinct. Jaborandi ..... 1 ounce.
Caffeine Citratis ..... 1 drachm.
Lithiated Hydrangea ..... 7 ounces.
M. Sig.: Teaspoonful three times daily.

Purge with epsom salts.

℞ Zinci Sulph. ..... 5 grains.
Ipecac Pulv. ..... 5 grains.
Papine ..... 20 drops.
Glycerini ..... ½ ounce.
Aquæ ..... q. s. ad ..... 4 ounces.
M. Sig.: A few drops on the eyeball every three hours.

Less study, skin friction, plenty of fresh air and regular bowels.—ED.

Rectal Abscesses.

QUESTION:—Give treatment for bleeding piles with muco-purulent discharge from rectum.

Ohio. J. G., M. D.

ANSWER:—Irrigate copiously with hot saline solution, then dry with absorbent cotton and make applications of equal parts Kennedy's Dark Pinus Canadensis and Ecthol on lint, or by injection night and morning.—ED.

Green Urine.

QUESTION:—I have met with three cases of green urine, one in a boy of thirteen, the others girls three and seven years old. No fever in either case. Tongue slightly coated yellow. Slight pain at neck of bladder, and no other symptoms. The two younger children belong to one family, the boy to another family. The youngest girl passed the green urine for three days, the other two one day each. Gave drop-doses of turpentine every three hours. Can you explain the condition? If so, reply in the BRIEF. G. H. ALEXANDER, M. D.

Hot Springs, Ark.

ANSWER:—We should be inclined to attribute it to presence of bile pigments. Probably there was temporary congestion of liver. Next time, put some yellow nitric acid in a test tube, and add some of the urine. If it contains bile pigment, you should see a play of colors—green, blue, violet, red and yellow.—ED.

Neurasthenia.

QUESTION:—Young man, aged thirty, has premature ejaculations and little sexual desire. General health has been good, with exception of weak eyes. Sometimes slight pain in head. Of late severe pain in small of back, greatest when sitting at desk or on rising in the morning. If he goes to bed early, feels tired in the morning and drowsy all day. Memory is impaired. A. N. S., M. D.

Mass.

ANSWER:—Needs phosphorus and rubbing or electricity to improve circulation. Take half a teaspoonful of Fellows' Syr. Hypophos. Co. three times daily. A tepid sponge bath every morning, followed by brisk skin friction with a coarse towel and a short walk in the fresh air, breathing deeply, after breakfast and before going to bed. Do not sleep on the back. Let the sexual organs alone. Do not use alcoholics or tobacco. The condition is one of simple weakness from impoverished nutrition. Live right. Cultivate the mental and physical powers rationally and systematically, and patient will grow strong. —ED.

Facial Neuralgia.

QUESTION:—Have any of the BRIEF readers tried castor oil for the relief of long-standing facial neuralgia? If so, please give us your experience, with cases, through BRIEF. I am thinking of trying it, but it is such a nauseous dose, would like my faith a little strengthened first. R. S. T., M. D.

Texas.

Spots on Chest.

QUESTION:—Young man has been troubled lately with copper-colored spots on his chest, which look very shiny. Not same shape as syphilitic spots (and he has never had any disease of that kind).

Took medicated baths this summer, and his sweat was very greasy from the chest. Spots went away, but are coming back this winter. There is no itch or sting. He smokes cigarettes moderately, and it seems to be nicotine coming through flesh, but does not stop when he stops smoking. Good health, regular heart. Good appetite. Bowels regular. Doctors do not understand it. Spots are only on chest. Any information will be thankfully received.

Ohio. H. A. S., M. D.

ANSWER:—May be disease of sebaceous glands in that region. Try vigorous rubbing with Turkish bath mitt followed by applications of Hydrozone, full strength.

Arsenic is a fine tonic to skin in degenerative diseases. Might try iodide of arsenic in one-sixtieth-grain doses three times daily.—ED.

Migraine.

QUESTION:—Have a lady patient who suffers greatly from paroxysmal headaches, accompanied by nausea, vomiting and great prostration. Have tried anodynes and analgesics in great variety with only partial and temporary relief. Will the BRIEF brethren and the Editor make suggestions looking to a cure and oblige.

Mass. THOMAS D., M. D.

ANSWER:—There is usually something wrong with liver or kidneys in these cases. Examine urine for more light.

℞ Vini Ipecac..... 1 drachm.
Tinct. Rhei Aromat.....8 ounces.
Chionia .....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily.

When attacks come on, apply mustard plaster to back of neck and let it draw well. Then give half drop carbolic acid with two grains citrate caffeine. Hot applications over bowels, or a large hot enema, are helpful.—ED.

An Inexpensive Koumiss.

QUESTION:—Please print in the next issue of the BRIEF some good formulas for making koumiss which a man in the country can use without having to send for compressed yeast and expensive grape sugar as recommended by the books. I ask this because you are the country practitioner's friend and helper.

Illinois. H. H. S., M. D.

ANSWER:—Can some of our readers come to the Doctor's assistance this time?—ED.

Eczema?

QUESTION:—Patient, aged twenty-six, male. Four years ago something like a ringworm started on his thigh. Has tried many medicines and doctors, with only temporary improvement. As soon as treatment is discontinued it comes back as bad as ever. Can you tell me what is the matter with him and give me a remedy for the disease?

Trenton, Fla. E. F. CORBETT, M. D.

ANSWER:—Paint it with pure carbolic acid. When the place scales off, apply pure Ecthol on lint. Keep it wet with the remedy until cured. Move the bowels every other day with epsom salts.

These lesions are often the result of localized irritation of nerves. See if there is any source of irritation or weakness in sexual organs or rectum. —ED.

Herpes Labialis.

QUESTION:—A patient of mine suffers greatly from occasional eruption of cold sores about the mouth and on the lips. Can you suggest a quick cure? Also a remedy to prevent same?

Ohio. T. D. S., M. D.

ANSWER: — Applications of Ecthol make a quick cure. If feverish, take also a teaspoonful Peacock's Bromides and repeat if indicated. As preventives, all measures which promote the nutrition, organization and discipline of nervous system are indicated. Abundant sleep, fresh air, and avoidance of artificial excitements are most important. —ED.

Painful Feet.

QUESTION:—Have a lady patient, fifty-eight years old, who complains very much of burning pain in the feet. Wears the lightest and thinnest of footwear, and bathes feet daily; sometimes free from pain for several weeks, then a long spell of it. D. T., M. D.

Mo.

ANSWER:—Probably a gouty pain or rheumatic in character. Try Colchi-Sal or Tongaline with a tri-weekly purge of epsom salts.—ED.

Paroxysmal Heart Action.

QUESTION:—Please give a remedy for palpitation of the heart following a long spell of fever. R. E., M. D.

Mich.

ANSWER:—Take two Cactina Pillets with eight drops of dilute phosphoric acid in water, after meals.—ED.

Facial Moles.

QUESTION:—What is the best treatment for the ugly, hairy moles which are so disfiguring to the face and neck? INQUIRER.
Mass.

ANSWER:—Surround the mole with simple cerate to protect healthy tissues, and apply a small drop of solution ethylate of sodium to the projecting end of the mole. A large mole may require several treatments, but do not try to do too much at once, as the caustic is very penetrating in its action. This solution comes ready put up for use.—ED.

Acne.

QUESTION:—I have a troublesome case of acne on face. Please give treatment for same.
Ky. J. D., M. D.

ANSWER:—

℞ Ergotole.....1 ounce.
Ext. Berberis Aq.....2 ounces.
Ext. Hydras. Can., fl.....2 ounces.
Vini Ferri Amari.....2 ounces.
Ecthol.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily.

Every morning a small teaspoonful of epsom salts in half glass of water before breakfast. Locally, apply Ecthol, full strength, to the face several times daily. —ED.

Spinal Neuralgia.

QUESTION:—Married lady, forty-three, complains a great deal of rheumatic pains in shoulder and back. Have tried a number of remedies without much relief. Now come to you for help. A. A. B., M. D.
Ind.

ANSWER:—

℞ Tongaline.....8 ounces
Lithiated Hydrangea.....5 ounces
M. Sig.: Teaspoonful three times daily.

Also one Pil. Quin. Dad three times daily. Vesicate painful points along spine and purge well.—ED.

Jaundice.

QUESTION: Want treatment in case of catarrh of bile-duct. Skin and eyes a greenish yellow, urine very dark and feces clay-colored. Pulse feeble and great debility. PRACTITIONER.
Ok. Ter.

ANSWER:—

℞ Ammonii Chlor.....1 ounce.
Ext. Hydrastis Can.,.....2 ounces.
Chionia.....6 ounces.
M. Sig.: Teaspoonful three times daily in alternation with thirty-drop doses bitter wine of iron.

Rub skin with flesh brush ten minutes daily.—ED.

Ulceration of Sigmoid.

QUESTION:—What treatment would you recommend for ulcerated sigmoid. Trouble of six months standing. E. D., M. D.
Ill.

ANSWER:—First irrigate copiously with saline solution, hot as can be borne, then throw up a solution of infusion hydrastis canadensis one ounce, water four ounces, through a long rectal tube. Do this once daily and retain the solution. Many are cured in ten days.—ED.

Is It Small-Pox?

QUESTION:—We are suffering in this locality from a peculiar skin disease, which emits a very unpleasant odor. There is intense itching of skin with formation of dark colored pustules, sore throat and great prostration. Some are asking if it is not small-pox. What do you say, and what treatment do you suggest?
Arizona. H. D., M. D.

ANSWER:—Give a drachm of Ecthol every two hours, with a two-grain Pil Quin. Dad, and keep the skin wet with Ecthol all the time. This is equivalent to embalming patient with a vitalizing elixir.—ED.

Profuse Menstruation.

QUESTION:—Help me out in case of menorrhagia. Periods last from ten days to two weeks. Flow excessive, dark and offensive. Patient thin, nervous, inclined to constipation, but no organic trouble. A. S., M. D.
Ind.

ANSWER:—

℞ Tinct. Nuc. Vom.....4 drachms.
Ext. Hydras. Can., fl.....2 ounces.
Aletris Cordial.....q. s. ad.....8 ounces.
M. Sig.: Teaspoonful three times daily with one three-grain Blaud's Iron Pill.
—ED.

Hysterical Vomiting.

QUESTION:—Can you suggest a remedy for hysterical vomiting in healthy well-nourished young woman? Very nervous and sensitive.
N. H. D. T., M. D.

ANSWER:—Give a tea- to a tablespoonful of olive oil three times daily. Also employ suggestion to strengthen will-power —ED.

Pneumonia.

QUESTION:—I want the best treatment for pneumonia. I am a young man in the profession, and my success last year was not what I could wish it in treating this disease.

Is there any way of cutting it short? I should like to hear from some of the older men as to their experience. JOHN H., M. D.
N. J.

SUPERIOR TO PEPSIN OF THE HOG

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

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Pil. Peristaltic.

℞ Aloin.....¼ gr.
Bellad.....⅛ gr.
Strych.....1-60 gr.
Ipecac.....1-16 gr.
Dose 1 to 2. 40c per 100.

Pil. Peristaltic (Mercurial.)

Same as above with 1-10 gr. calomel added. Dose 1 to 2. 50c per 100.

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℞ Aloin.....¼ gr.
Ext. Belladon.....¼ gr.
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Dose 1 to 2. 25c per 100.

Pil. Cascara Sag. Ext.

2 grs. Dose 1 to 2. 35c per 100.

Pil. Cas. Sagrada Ext.

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Pil. Quinine et Ext. Bellad. Co.

℞ Quinin. Sul.....3 grs.
Ext. Bellad.....1-10 gr.
Camphor.....½ gr.
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Phosphorus.....1-100 gr.
Ferri Carb.....1½ grs.
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Ext. Nuc. Vom.....1-10 gr.
Dose.—Two tablets before meals, for adults.

INDIGESTION.

Pil. Antiseptic Comp.

℞ Sulphite Soda.....1 gr.
Salicylic Acid.....1 gr.
Ext. Nux Vom.....⅛ gr.
Powd. Capsicum.....1-10 gr.
Concent. Pepsin.....1 gr.
Dose 1 to 3. 55c per 100.

Pil. Digestiva.

℞ Pepsin Concentrat.....1 gr.
Pv. Nux Vom.....¼ gr.
Gingerine.....1-16 gr.
Sulphur.....⅛ gr.
Dose 1 to 2. 60c per 100.

Pil. Ingluvin Co.

℞ Ingluvin.....3 grs.
Nux Vom.....1-5 gr.
Aloin.....1-20 gr.
Gingerine.....1-10 gr.
Dose 1 to 2. $1.50 per 100.

Pil. Quininæ et Ferri et Zinci Valerianas.

Each containing.
Quininæ Val.....1 gr.
Ferri Val.....1 gr.
Zinci Val.....1 gr.
Dose 1 pill. 90c per 100.

Pil. Antidyspeptic.

℞ Strych.....1-40 gr.
Ext. Belladon.....1-10 gr.
Pv. Ipecac.....1-10 gr.
Mass. Hydrarg.....2 grs.
Ext. Col. Comp.....2 grs.
Dose 1 to 2. 35c per 100.

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[Written for the MEDICAL BRIEF.]

Sanitarium for Physicians.

BY J. O. DYER, M. D.,
Galveston, Tex.

In your November issue we have an article presented by Dr. Harris, of Minor Hill, Tenn., who requests assistance to found a home, or sanitarium, for physicians and their families. His motive is grand, but from a business standpoint his scheme is absolutely impossible. I take the liberty of reducing his article by stating the meat of his proposition. He claims the United States contains one hundred and seventeen thousand physicians, that if one-eighth of these (the minimum figure) contribute five dollars each to a building, forming a company, that a suitable sanitarium can be erected. Further, if each stockholder (*i. e.*, physician contributing five dollars) will pay an annual due of one dollar, this tax will support the institution. In return each stockholder is entitled to the rights and privileges of the institution; so is every member of his family when ill. That means, of course, free board and treatment. Dr. Harris, in the goodness of his heart, is not satisfied with this unheard-of offer, but actually invites all the "poor, infirm, worn-out medical men and members of their families" *free of charge*.

Now for cruel figures!

One-eighth of one hundred and seventeen thousand doctors would make, say, twenty thousand (a rather high figure to assume for would-be stockholders); at five dollars each, one hundred thousand dollars would be the net amount available for the building. A two-hundred-room cheap hotel will cost that much without counting the antiseptic floors, walls, ceilings, ventilators, heaters and appliances necessary for the equipment of a sanitarium. When you count twenty thousand stockholders and multiply by four you get eighty thousand souls representing those who may enjoy the stockholders' privilege of admission. How many of these will require medical or surgical treatment, plus the advantage of change of climate,

(Continued on page 1856.)

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Dr ——, Philadelphia.

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free board, free medicine and free nursing? Averaging those desiring admission at five per cent, it would mean four thousand persons, large or small, to be cared for in such a small institution; an average of three hundred and thirty-three per month, counting their stay of duration at one month.

If chronics are received, the institution will soon be unavailable for short-term patients. It will take, say, one hundred and fifty individual bed-rooms alone to accommodate this number; and one hundred thousand dollars will not equip a sanitarium to average that number. Five per cent is likewise a very low estimate, as stockholders will send their families for trivial disorders unless Dr. Harris proposes limitation, which he has not done in his article. Now, how can four thousand people a year be fed, nursed and doctored with an income of twenty thousand dollars, or one dollar a year for each stockholder (*i. e.*, twenty thousand)? Divided, it will make seventeen hundred and fifty dollars for three hundred and thirty-three people per month, or per capita, about six dollars. This figure, at first sight, seems ample, but when you count in attending physicians, nurses, cooks, maids, boys, engineers, firemen, and the miscellaneous help required; if you consider that fuel, heat, light, medicines and appliances for surgery have to be included in this per capita, it is insufficient. The average miserable who survives the sanitarium thinks himself lucky to get off for ten dollars per day. These sanitariums make their revenue from the rich, who often pay fancy prices which they would grudge the family physician. But that is another matter, for they run to make a profit. I fear good Dr. Harris will have to make his membership fee much larger, as well as his annual dues, and limit the number of the beneficiaries as well as the class of invalids to be received, as chronics would fill the institution promptly.

Dr. Harris' proposition beyond the original stockholders, *i. e.*, to take in all poor, invalid and old physicians and their families, is entirely out of consideration, as he will have his hands full with the first problem. I add, however, that this latter proposition would mean the permanent support of anywhere between ten thousand and twenty-five thousand souls. It would take a small city to house them and a princely fortune to maintain them. I place the number of old destitute physicians or younger disabled ones at least at three thousand, with their families say twelve thousand souls.

I trust Dr. Harris will accept my criticism in the spirit in which it is tendered. If he succeeds in his first proposition, quadrupling the money scheme, he will deserve lasting gratitude.

A Neglected Point in the Treatment of Strangulated Hernia.

C. Hamilton Whiteford says that in a case of this nature the surgeon usually concerns himself chiefly with the condition of the strangulated bowel, which, if gangrenous, is either drained or resected, and if viable is pushed back into the abdomen. In the latter case the patient probably remains absolutely constipated, continues vomiting, and dies within forty-eight hours. He is suffering from an accumulation, above the obstruction, of liquid filth, which is rapidly poisoning him. The point which is so frequently overlooked is that his chance lies in the direct evacuation of these intestinal contents. This can be done only by draining the distended bowel through a large tube for several days. A few cases of advanced strangulated hernia end in recovery after reduction of the strangulated bowel, by discharging enormous quantities of liquid feces per anum, but the majority die with unemptied intestines. This drainage of distended bowel, the author says, is simply the application to strangulated hernia of the principles involved in the treatment of obstructions taking place within the abdomen.—*British Medical Jour.*

Efficacious and Pleasant.

Dr. Alberto Biagini, Turin, Italy, says: Bromidia is a most efficacious hypnotic, and all the more desirable because it never produces the disagreeable after-effects which so frequently follow the use of other hypnotics.

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